

## Terms of Acceptance

It must be known in our office that our mission be understood by our clients or parent/guardian of our clients, so that we can work together towards a common goal. This will prevent confusion and disappointment in the future.

Chiropractic has only one goal, to eliminate misalignments in the spine, which interfere with the expression of the body's innate wisdom, to eliminate the subluxation.

It is important that our clients understand that no methods or procedures will be utilized unless they are for the detection and correction of the subluxation.

### Health

A state of optimal physical, mental, emotional and social well-being, not merely the absence of disease or infirmity.

### Vertebral Subluxation

A misalignment of one or more of the 24 movable vertebrae, sacrum, pelvis or occiput of the spinal column which causes alteration in the nerve function and interference to the transmission of mental impulse, resulting in a lessening of the body's innate ability to express it's maximum health potential.

### Chiropractic Adjustment

The specific application of forces to facilitate the body's correction of the vertebral subluxation.

We do not offer to diagnose or treat any disease or condition other than the vertebral subluxation. However, if during the course of a chiropractic examination or chiropractic program, we encounter non-chiropractic or unusual findings we will advise you. If you desire advice, diagnosis or treatment for any particular disease or condition, we recommend that you seek the service of a health care provider that specializes in that area.

Our only practice objective for each individual is to eliminate major interference to the expression of the body's innate wisdom. Our only method is specific adjusting to correct vertebral subluxations.

I, \_\_\_\_\_, have read and fully understand the above statements. If Dr. Iannelli accepts my case or my child's case, it is with full understanding that it is for the purpose of correcting vertebral subluxations only.

### Consent to evaluate and adjust a minor child

I, \_\_\_\_\_, being the parent/legal guardian of \_\_\_\_\_ have read and fully understand the above statement and hereby grant permission for my child to receive chiropractic care.

### Pregnancy Release

This is to certify that to the best of my knowledge I am not pregnant and the above doctor and his/her associates have my permission to perform an x-ray evaluation. I have been advised that x-rays can be hazardous to an unborn child. Date of last menstrual period: \_\_\_\_\_

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(Signature)

(Date)