

JJL Chiropractic – Dr JJ Lob de Lieuneuve
TERMS OF ACCEPTANCE OF A NEW PRACTICE MEMBER

When a patient seeks chiropractic health care, and when a chiropractor accepts a patient for such care, it is essential that they both be seeking and working for the same goals.

Chiropractic has only one goal. It is, therefore, important that the patient understands the goal and the means that will be used to attain it. In this way, there will be no confusion, misunderstanding or disappointment.

Patients usually want to get rid of whatever ailments or conditions are bothering them. However, this is not the goal of the chiropractor.

The purpose of chiropractic is to restore and maintain the mechanical integrity of the spinal cord and its nerve roots. These vital nerve pathways are housed in and protected by the bones of the spine. Tiny misalignments of the vertebrae or bones of the spine, which interfere with the function of these nerve pathways are called subluxations. They come from many causes and prevent various organs and glands from working properly.

By means of a chiropractic adjustment, subluxations are corrected, thus restoring normal nerve function. The goal of chiropractic is to correct vertebral subluxations for the purpose of restoring the proper transmission of mental impulse over nerve pathways so that every part of the body may have a proper nerve supply at all times.

This allows the innate healing ability of the body to work at maximum efficiency.

With a proper nerve supply, health improves; in some, symptoms clear up quickly, in others, the process is slower, and in some, it is only partial or nil. Regardless of what the disease or symptom, the chiropractor does not offer to heal or even treat it. Nor does he offer advice regarding the treatment of disease.

His only means is the correction of vertebral subluxation so that the living body may have a better chance of healing.

All questions regarding the doctor's objectives pertaining to my care in this office have been answered to my complete satisfaction.

I have read and fully understand the above statements. I therefore accept chiropractic care on this basis.

Name : _____

Signature :

Date : _____