

# AXIS SPINAL CARE

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## Terms of Acceptance and Consent for Treatment and Care

It is important that each patient understand the objective of chiropractic care and the methods that will be used while receiving care. These include but are not limited to Adjustments or Manual Manipulation of the Spine, Massage, Application of Heat or Cold, Traction, Acupressure and Acupuncture.

Chiropractic care is given as a result of having vertebral subluxation or a misalignment of one or more vertebra in the spine. We cannot offer to diagnose or treat any other disease or condition other than vertebral subluxation. However, if in the course of chiropractic exam and care, if something unusual or abnormal is noticed, you will be informed and we will recommend seeking care from a provider specializing in that area.

We can not comment, refute, affirm or object to any other providers' diagnosis, treatment or care. We can however provide you with the proper care based on your current condition using a chiropractic exam and any previous medical history presented by you. It is important to have full disclosure regarding your past medical history in order to assess any chiropractic condition accurately.

**Please sign acknowledging that you understand the condition in which chiropractic care is given and that you accept the above statements.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**I agree that all information I provide the Doctor of Chiropractic is accurate to the best of my knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date