

CONSENT TO RECEIVE CHIROPRACTIC CARE

The purpose of this consent form is to help you better understand the nature of the services offered in this office and our mutual responsibilities. This fosters a more effective collaborative relationship and avoids misunderstandings regarding expectations. Having well-understood expectations is anticipated to promote a greater sense of safety and healing.

I hereby request and consent to receive chiropractic care in this office by a chiropractor who provides:

- ❖ Network Care, a light touch healing method which has unique wellness outcomes and clinical results;
- ❖ Additional chiropractic techniques such Sacro-Occipital Technique (S.O.T.) and S.O.T. craniopathy and TMJ techniques, Activator methods, soft tissue manipulation (massage); extremity adjusting and orthotic fittings; low level laser therapy;
- ❖ Advice of daily living, including dietary and exercise recommendations.

We work with the following principles of health and healing:

- ❖ Sometimes, when life stresses – whether physical, chemical, emotional, mental, or spiritual – are not able to be fully used or integrated in the moment, and would otherwise threaten to overwhelm the integrity of your system as a whole, areas of isolated tension occur. In the spine, these are known as spinal subluxations, but they may occur anywhere in the body. The intention of care is to help restore the integrity of your system through re-integration of the information in these isolated areas. This bound energy, when released, provides tremendous fuel for healing.
- ❖ Network Care does not attempt to manually, or by instrument, manipulate spinal fixations structurally (often associated with a snapping or popping sound), nor does it directly treat painful areas of the spine and body. Instead, by enhancing your body's awareness of itself and specifically your spine, you can develop new strategies for healing, adapting to stress, and experiencing wellness. These strategies promote spontaneous self-correction and self-regulation of spinal tension patterns and healing.
- ❖ Network Care is advanced through Levels of Care (Basic, Intermediate, and Advanced). Each level involves the development of new and unique spinal motions, other body movements, and oscillations. Different frequencies of care are recommended for each level.
- ❖ Spontaneous physical movement or emotional expression may occur during sessions.
- ❖ You are an active participant in your care and healing.
- ❖ Care is administered in a group setting. If you require a private consultation with the doctor, a special appointment may be made during consultation hours.

By signing below I acknowledge that I have reviewed the above information as well as the HIPAA privacy statement.

Printed Name of Practice Member

Signature of Practice Member or
Parent or Guardian for Minor Child

/Date