



**6440 Alpine Avenue NW**  
**Comstock Park, MI 49321**

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### **TERMS OF ACCEPTANCE**

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both to be working towards the same objective.

Chiropractic has only one goal. It is important that each patient understand both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment.

**Adjustment:** An adjustment is the specific application of force to facilitate the body's correction of vertebral subluxation. Our chiropractic method of correction is by specific adjustments of the spine.

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

**Vertebral Subluxation:** A misalignment of one or more of the 24 vertebrae in the spinal column, pelvis or sacrum which causes alteration of nerve function and interference to the transmission of mental impulses, resulting in a lessening of the body's innate ability to express its maximum health potential.

**Massage:** The rubbing and kneading of muscles and joints of the body with the hands, especially to relieve tension or pain. Our clinical and specific massage technique used can lead to some general muscle soreness and slight bruising of the skin in some cases. Please let the Doctor or Massage Therapist know if you are on any blood thinners.

**Mechanical traction:** The use of tables to reduce pressure on the spine.

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

Regardless of what the disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others. **OUR ONLY PRACTICE OBJECTIVE** is to eliminate a major interference to the expression of the body's innate wisdom. Our only methods used to achieve this are Adjustments, Massage, and Mechanical Traction.

I \_\_\_\_\_ have read and fully understand the above statements.

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

I therefore accept chiropractic care and or massage on this basis.

Signature \_\_\_\_\_ Date \_\_\_\_\_