

## TERMS OF ACCEPTANCE for Dr. Bryan Labus

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: **to locate, analyze and correct spinal interference to the nervous system.** 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 forces 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 vertebra in the spinal column 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.

We do not offer to diagnose or treat any disease or condition other than vertebral subluxation. 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 will seek the services of another health care provider.

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 nervous system. Our only method is specific adjusting to correct vertebral subluxations, and utilization of other procedures to help your body hold the adjustments, allowing the body of function at its optimal potential and express its innate wisdom to heal and maintain itself.

I, \_\_\_\_\_ have read and fully understand the above statements. \_\_\_\_\_  
(print name) (initials)

### X-Ray Consent

The purpose of the x-ray exam to be performed is to analyze the spine for vertebral subluxation, rate and level of degeneration of the spine, and to determine the appropriateness of spinal adjustments and discover any non-chiropractic findings, *as mentioned above.* \_\_\_\_\_  
(initials)

### Pregnancy Release

*Women:* I certify that to the best of my knowledge I am not pregnant. I have been advised that x-rays can be hazardous to an unborn child. Date of last menstrual cycle \_\_\_\_\_.  
(date) (initials)

### Consent to evaluate and adjust a minor child (if applicable)

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

---

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 as described above on this basis.

\_\_\_\_\_  
(signature) (date)

### Today's visit

Today's visit will involve collection of information to determine if and where subluxation exists in your body. All tests and x-rays must be thoroughly examined therefore treatment may not begin until the second visit. If additional testing or films are necessary, they will be performed on the second visit. Please schedule your second visit, "Doctor's Report of Findings" with the front desk assistant. *If needed* the doctor will inform you of any additional requests or concerns after reviewing your evaluation.

The best evening number for the doctor to reach you is \_\_\_\_\_  
(phone #)