

Dr. Paul Fontana, D.C.
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TERMS OF ACCEPTANCE

When a patient/client seeks chiropractic health care and /pr nutritional services and the doctor accepts a patient/client for such care, it is essential for both to be working towards the same objective. It is important that each patient understand both the objective and 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.

Vertebral Subluxation: A misalignment and/or abnormal motion of one or more of the bones in the spinal column which causes alteration of nerve function and interference to the transmission of nerve impulses in a lessening of the body’s innate ability to express its maximum health potential.

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

We do not offer to diagnose or treat any disease or condition other than vertebral subluxation. However, if during the course of a chiropractic examination, or nutritional analysis 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 interference to the expression of the body’s innate healing ability. Nutrition Response Testing (NRT), Health Express (HRV), muscle testing, symptom survey are not used to diagnose, treat or cure any disease or condition. Nutritional supplements, herbs and homeopathic products are not recommended for the purpose of diagnosing, treating, or curing any disease or condition. The same is true concerning exercise or lifestyle counseling.

I, _____ have read and fully understand the above statements.
(Print Name)

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 nutritional services on this basis.

(Signature)

(Date)

Consent to evaluate and adjust a minor child:

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 and/or nutritional services.

(Signature of parent/guardian)

(Date)

Verbal explanation given by the Doctor/Staff. Initialed _____