



adults . children . pregnancy

CRAM

CHIROPRACTIC and WELLNESS
CENTER

Terms of Acceptance

I have been informed and fully understand that Chiropractic care is not the treatment of any disease or condition.

I understand that the body is a self-healing organism, that the nervous system is the master controller of the body and that any interference to the function of the nervous system creates a malfunction within the body.

I understand that vertebral Subluxation interfere with the function of my nervous system and produce poor health expression.

I also understand that my care is aimed at correction of my vertebral Subluxations thereby restoring or optimizing my health potential.

Name of Patient: _____

Signature: _____ Date: _____
(Signature of Parent/Guardian required if patient under age 18)

Thank You