

TERMS OF ACCEPTANCE AND NOTICE OF INTENT

When a person seeks Chiropractic care in this office and we accept a person for such care, it is essential for both of us to be working toward the same goal. This will prevent confusion, misunderstanding and disappointment.

The goal of Chiropractic is to reduce patterns of compression and stress from the nerve system (brain, spinal cord and spinal nerves). These patterns are called **Vertebral Subluxations**.

Why is this important? The brain, spinal cord and the spinal nerve roots transmit **vital messages** from the brain to all parts of the body and receive all messages from the body back to the brain. This two way communication is essential for health and healing and can affect your overall quality of life.

Over many years, different types of stress (**physical, mental, emotional and chemical**) can overload your nerve system and disturb this essential communication.

Once a pattern of nerve tension is established, it will persist. Over time it will intensify and become more complicated. Most people are not aware that these patterns of nerve tension exist because they do not cause any pain, symptoms or dis-ease until they accumulate for many months or years. If you have long standing nerve stress, it will take a specific strategy over time to correct.

We create strategies for the reversal of this process. Our wish for you is that you give yourself the opportunity to discover and enjoy what your life can be, free from Vertebral Subluxations.

To achieve optimal health, well-being and function of your body (immunity, muscle balance, organ function, energy levels, hormone control, childhood growth, development etc..) your nerve system needs to be maintained by clearing the tension from the nerves and body.

We do not offer to name, treat or cure any disease or symptom. Our one goal is to allow your body the opportunity to express it's maximum potential. The only method is the spinal adjustment of vertebral subluxations.

I _____ have read and understand the above statements.
(sign your name)

I therefore accept the care in this office on this basis beginning (today's date) _____.

I also accept care on this basis for my children (**names of children**) _____
_____ and give Dr. Andrew Cohen permission to provide chiropractic care for them.