

# Welcome Visitors!

We at Spencer Family Chiropractic want you to enjoy Estes Park and Rocky Mountain National Park to its fullest extent during your vacation. We are happy to serve as your chiropractor away from home in efforts to maximize your potential for enjoyment during your stay.

Please provide the following information:

Name

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Home  
Address

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Current Chiropractor's name and  
location

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## Terms of Acceptance

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

**Vertebral Subluxation:** A misalignment of one or more of the 24 vertebrae in the spine resulting in nerve dysfunction, resulting in the lessening of the body's innate ability to express its maximum health potential.

We do not offer to diagnose or treat any disease. Our focus in this office is the vertebral subluxation. However, if we encounter non-chiropractic or unusual findings we will advise you. If you desire advice, diagnoses, or treatment for the aforementioned findings we recommend that you seek another healthcare provider.

Our ONLY PRACTICE OBJECTIVE is to locate, analyze and correct vertebral subluxation by specific adjustments.

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

(Print name)

All questions regarding the chiropractor's objectives to my care in this office have been answered to my complete satisfaction. I therefore accept care on this basis.

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

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**CONSENT TO EVALUATE AND ADJUST A MINOR**

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.

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

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