

Last Name: _____ First Name: _____
Home Phone: (____) _____ Cell Phone: (____) _____
Address: _____ Date of Birth: _____
City: _____ State: ____ Zip: _____ Referred By: _____
Email Address: _____

Spouse/Significant Other

Last Name: _____ First Name: _____
Phone: (____) _____ Occupation: _____

Silberfine Chiropractic Center

"And these signs shall follow them that believe...they shall lay hands on the sick, and they shall recover" ~Mark 16: 17, 18

Serving the entire Chicagoland area!!!

Terms of Acceptance

When a person seeks the services of a chiropractor, it is essential that they fully understand the objectives of that particular chiropractor.

I have only one goal at Silberfine Chiropractic; and that is to restore and maintain the integrity of the spinal cord and its nerve roots. These vital nerve pathways are located in and protected by the bones of the spine. Misalignments of these vertebrae (bones of the spine) interfere with the function of these nerves pathways, and are referred to as vertebral subluxations.

Subluxations are caused by many of the things that you do and keep your whole body from functioning properly. It is our absolute conviction that the body is always better off without this interference.

Consequently, the objective of Silberfine Chiropractic is to provide a chiropractic adjustment to correct subluxations, thereby restoring normal nerve function. It is **not** the objective or intention of Silberfine Chiropractic to fix, treat, or attempt to cure any physical, mental, or emotional ailments or give any advice about ailments. **With a proper nerve supply, your whole body is better able to reach its full potential and to express more life.**

I _____, have read the above, understand it fully, and choose to receive chiropractic for myself on that basis.