

The WELLNESS POINTE

5 Ridgway Ct. Ste. B

Elkhorn, WI 53121

(262) 379-1247



When a person seeks chiropractic care and I accept such a patient for care, it is essential for both to be working towards the same objective. **Chiropractic has only one goal.** It is only when the patient understands both the objective and the method that they will be able to attain it -- this will prevent any future confusion or disappointment.

The only code we offer is **S8990** for the correction of VERTEBRAL SUBLUXATION for maintenance of health, not restoration. Therefore, we do not accept insurance NOR create forms for 3rd parties.

An **ADJUSTMENT** is the specific application of force to the spine to correct a subluxation <— this is the only goal of chiropractic.

HEALTH is a state of optimal physical, mental, social, and spiritual well-being, not merely the absence of dis-ease.

VERTEBRAL SUBLUXATION is a misalignment and fixation of one or more of the bones/joints of the spine that cause internal neurological stress. This **may** cause pain **OR** absolutely NO symptoms at all **BUT ALWAYS** causes alteration in autonomic function & alteration of neurological flow into and out of the central nervous system, lessening the body's innate (God-given) ability to maintain maximal health.

A **DIAGNOSIS** is the identification of the nature of an illness or other problems by examination of symptoms.

Since subluxation can be present without symptoms, it (subluxation), in essence, is NOT a diagnosis. We do not offer to diagnose or treat any symptoms or conditions. Our only objective is to DETECT and CORRECT vertebral subluxations and eliminate major interference to the expression of the body's innate wisdom. Our method includes adjusting subluxation and lifestyle education to Move Well, Eat Well and Think Well (offered in orientation class) to minimize stressors that cause subluxation and to live **LIFE** Subluxation-Free or as close to it as possible.

By signing below, you have accepted the terms above (whether you, at this point in time, understand them fully or not) and will be explained in detail during Chiropractic Orientation Class.

Practice Member/Guardian

Chiropractor

****Chiropractic Orientation Class is every Wednesday at 6pm and Saturday at Noon.**

Please circle the day which you and your spouse can attend**

Wednesday @ 6 OR Saturday @ Noon

(circle one)

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ABOUT YOU & YOUR FAMILY

NAME:
ADDRESS:
CITY/STATE/ZIP:
PHONE:
EMAIL:
GENDER: M / F D.O.B
MARITAL STATUS: MARRIED / SINGLE / WIDOW
NUMBER OF CHILDREN: _____
HOW MANY FAMILY MEMBERS WOULD YOU LIKE ON YOUR WEEKLY WELLNESS PLAN? _____
ANY SURGERIES? Y / N IF YES, EXPLAIN:
DO YOU SMOKE? Y / N
DO YOU DRINK ALCOHOL? Y / N IF YES, HOW OFTEN?

CHIROPRACTIC EXPERIENCE

WHO REFERRED YOU TO OUR OFFICE?
HAVE YOU BEEN ADJUSTED BEFORE? Y / N IF YES, WAS IT FOR "SYMPTOM MANAGEMENT/PAIN RELIEF" OR FOR "BETTER EXPRESSION OF HEALTH"?
EXPLAIN:
DEFINE "HEALTH":
DEFINE "SUBLUXATION":
WHAT IS THE ONLY GOAL OF CHIROPRACTIC?

LOVED ONES

NAME(S), PHONE #(S), EMAIL(S)	DOB:

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