



10229 W. Lincoln Hwy  
 Frankfort, IL 60423  
 815-469-7472

# Holistic Health & Chiropractic of Frankfort

## Agreement to Alternative Care

As a patient of Holistic Health & Chiropractic of Frankfort, I clearly understand that I am not being treated for any specific disease. I understand that the treatment received at this office is for the purpose of re-balancing both the structure and bio-electric reflexes (acupuncture points) of the body.

Chiropractic Manipulation and Therapy risks: As with any healthcare procedure, there are certain complications which may arise during or after chiropractic manipulation of the spine and/or extremities and with the use of physical therapy treatments. These complications include but are not limited to: Fractures of bones, spinal disc injuries, joint dislocations, muscle injuries, nerve injury, worsening symptoms, and rib injuries. These complications are generally described as rare. Manipulation of the neck has been associated with injuries to the arteries in the neck leading to or contributing to serious complications including stroke. The incidences of stroke are exceedingly rare and are estimated to occur between one in a million or more neck adjustments.

The nutritional supplements received at this office or recommended from this office are not drugs or medicines. They are special vitamin, amino acid, and mineral food complexes. We never recommend a sudden discontinuance of medication. We encourage open communication with your medical doctor and a willingness to modify dosages under careful supervision.

The reflex analysis used at this office is only used to find increased bio-electric points, which may indicate a deficiency. This work is not and cannot be used to render a physical diagnosis, nor is this work linked to any type of diagnosis.

If Acupuncture treatments are rendered, I understand they are used merely to help re-balance hyper or hypoactive bio-electric points (acupuncture points) which may help to rebalance the body's natural healing mechanisms.

As with all health care treatment, a guarantee cannot be given that such treatment will result in a restoration of health.

I have read the above paragraphs and understand them fully.

\_\_\_\_\_  
 Patient/Guardian Signature

\_\_\_\_\_  
 Date

-----**FOR WOMEN ONLY**-----

**PLEASE CHECK THE APPROPRIATE BOX**

- Yes, I am currently pregnant, or trying for a pregnancy
- To the best of my knowledge, I am neither pregnant nor trying for a pregnancy.
- Does not apply.

I have addressed any questions regarding agreement: \_\_\_\_\_

\_\_\_\_\_  
 Doctor's Signature