



Consent for Care

I hereby request and consent to receiving health care for my entire person, including gentle chiropractic care, kinesiology, nutritional advice, and supplements as well as wellness education. I understand that my practitioners, Dr. Burton & Dr.V. Emma Wagner, choose to practice in the model of Reorganizational Healing and Living to provide the highest quality care for my whole person.

The purpose of this consent form is to help me better understand the nature of the services offered in this office and our mutual responsibilities. This fosters a more effective relationship and avoids misunderstandings regarding expectations. Having well understood expectations is anticipated to promote a greater sense of safety and healing.

The tonal chiropractic approach used in this office consists of gentle touch contacts along the neck and back to achieve greater communication between the brain and body, to develop new sensory and motor strategies, and to unwind the physical distortion and emotional trauma. Techniques utilized such as Network Spinal Analysis, BioGeometric Integration, BioK, etc. adopts an approach associated with somatic (body/spinal awareness) training.

Assessments of my progress will include monitoring of my spine/nervous system and body awareness, responsiveness to inner rhythms, tension, and ease patterns. At regular intervals, following commencement of care, re-assessments will be performed which include my personal perception of my wellness, my awareness of my spine and body-mind changes, as well as the structure of my spine and the behavior of my nervous system. My care providers will report to me the improvement in my spinal and nervous system integrity and my ability to self-regulate tension and to re-organize my spine.

I also understand that aside from utilizing tonal chiropractic care and wellness education, my practitioner(s) may perform additional examinations or assessments or offer health care or advice consistent with my individual needs. I also understand that certain modalities may be used as a part of my care plan: PEMF Pulsed ElectroMagnetic Frequency (contra-indicated for Epilepsy, Pregnancy, and electric implant devices), Red-light therapy and Infrared Sauna ((contra-indicated for Epilepsy, Pregnancy, and ask your doctor), and Ionic foot detox baths.

It has been explained to my satisfaction, and I understand that the care offered at this office is not a form of, or replacement for, the diagnosis or treatment of any symptom, disease, or malady. Instead, it is a form of wellness care and self-education that empowers my connection with my body-mind and develops new strategies for spinal and nerve system integrity and wellness. It develops new capacities in my body for the identification of, spontaneous release of, and redirection of tension including those that are unique to tonal chiropractic care.

It is common for people receiving this care to breathe more deeply and more fully, engaging the spine with their respiration to spontaneously adapt postures that release or redistribute tension, to bust stress and to experience more of their inner life energy. I understand it is common to experience a wider range of motion and emotion during care. It is common, as care progresses to find new options in the body and in life, which often leads to significant life changes.

This form of care is NOT suggested for those individuals who wish to only remove a symptom or condition without the occurrence of other fundamental changes in their lives. The care in this office often promotes significant changes in health choices, lifestyle, experience of the body-mind and emotions.

Rather than attempting to simply return me to my previous state minus a symptom, this Center instead chooses to help me achieve new levels of vitality and life potential that I may never have had before.

Chiropractic specific

Although in this office we seek to help you develop new strategies for wellness and spinal and nerve integrity, as a licensed chiropractor the sole condition of concern is that of the vertebral subluxation. Our insurance carrier requires that the following information is given to you and signed by you prior to commencing care.

We utilize Tonal Chiropractic to correct subluxations through gentle force application at the spine and extremities to enhance spinal and nerve system integrity by looking at structural segmental distortion and spinal cord/nerve elongation or stretching. Subluxation is the only condition we address in our office.

The only condition we offer to diagnose and correct is the vertebral subluxation and loss of spinal or neural integrity in relationship to this. We do not offer to diagnose or treat any other condition, disease, or symptom. If, during our spinal assessment/examination, we encounter non-chiropractic or unusual findings, we will advise you of this. If you desire advice on further diagnosis or treatment, we will make the appropriate referral.

I have read, or have had read to me, the CONSENT TO RECEIVE CARE at San Clemente Vitality Center and understand that the care in this office is different from what many consumers may expect from a chiropractor practicing manipulative therapy. I agree to receive care. I understand that I am not passive in this process, but that I am an active participant in my care, and in my healing.

Printed name of Practice Member

Signature

Date

Printed name of Witness

Signature

Date