

**AMANDA L. LOPICCOLO, DC**  
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**Explanation of Chiropractic**

Chiropractic has only one goal... to improve the function of your neuromusculoskeletal system. It is essential for you, the patient, and me, the chiropractor, to be working towards the same objective. It is important that each patient understand both the objective and the method that will be used to attain it.

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

**Health:** A state of optimal physical, mental, and social well-being, not merely the absence of infirmity.

**Vertebral Subluxation:** A misalignment of one or more of the 24 vertebra in the spinal column which causes alteration of nerve function and interference to the transmission of neural impulses, resulting in a lessening of the body's innate ability to express its maximum health potential.

I do not offer to diagnose or treat any disease or condition other than vertebral subluxation. However, if during the course of a chiropractic spinal examination, I encounter non-chiropractic or unusual findings, I will advise you. If you desire advice, diagnosis or treatment for those findings, I will recommend that you seek the services of a health care provider who specializes in the area.

Regardless of what the disease is called, I do not offer to treat it. Nor do I offer advice regarding treatment prescribed by others. My only practice objective is to eliminate a major interference to the body's neuromuscular system. My only method is specific adjusting to correct vertebral subluxations.

I, \_\_\_\_\_, have read and fully understand the above statements.  
(Print Name)

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

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Consent to evaluate and adjust a minor child**

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 of Parent/Guardian)

\_\_\_\_\_  
(Date)