

# Mountain State Wellness, PLLC

## Terms of Acceptance

When a person seeks natural, vitalistic healthcare and we accept a person to receive our care, it is essential that both people have a similar objective.

**Mountain State Wellness has (2) specific goals.** It is very important that every practice member understands our intentions and the methods we use to attain our goal. We will provide multiple opportunities to deepen your knowledge and understanding to prevent confusion and disappointment.

**Goal #1** We will provide a detailed health history, examination and x-rays to determine if you have a clinically significant upper cervical misalignment that is causing injury/irritation to your nerve system. After diagnosis of upper cervical misalignment, we will use a very specific and gentle method to correct your misalignment. The correction of the upper cervical misalignment will remove interference and distress from your nerve system, strengthen your vitality and evoke your innate healing response. This should result in relief of your symptoms.

**Goal #2** We may also perform non-invasive diagnostic exams and a nutritional questionnaire to identify any nutritional deficiencies. If we believe that whole-food nutritional supplementation will benefit your condition, we will make specific supplement recommendations for you. Whole-food supplements will help support normal organ and tissue function.

We do not offer to diagnose or treat any specific disease or condition other than upper cervical misalignment and nutritional deficiencies. However, if during your history, exams, or x-rays, we discover unusual findings, we will recommend another healthcare provider that can further explore, diagnose and treat the underlying condition.

**Our primary practice objective is to correct upper cervical spinal misalignments to remove distress from your nerve system and support nutritional deficiencies with whole-food supplements.**

I, \_\_\_\_\_ have read and fully understand the above statements. All questions regarding the doctor's objectives pertaining to my care in this office have been answered to my complete satisfaction. I, therefore, accept this type of healthcare as described above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date