

Center for Vibrant Health

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Informed Consent

This practice is evidence-based spinal care. This practice is based on nationally recognized practice guidelines as well as published research conducted at numerous universities and Chiropractic colleges. Our commitment to you is to deliver the safest, highest quality of life changing care we can deliver, focused on the reduction of spinal cord tension and related spinal subluxations, as well as to develop and improve spinal and neural integrity.

When a patient seeks Chiropractic health care and we accept a patient for such care, it is essential for both to be working towards the same objective. Chiropractic has only one goal. It is important that each patient understand both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment.

Adjustment: An adjustment is the specific application of forces to facilitate the body's correction of vertebral subluxation. Our Chiropractic method of correction is by specific adjustment of the spine.

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

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

To begin care, we need your consent to perform a history and physical evaluation focused on testing procedures and questions that solely relate to quality of life, stress levels, body awareness, spinal cord tension, spinal subluxations, and the loss of spinal and neural integrity.

We do not offer to diagnose or treat any diseases or condition other than vertebral subluxations and or conditions created by or as a result of vertebral subluxations. We will not be performing a differential diagnosis to detect the presence of or determine target treatment for any disease, condition, of symptom. The only diagnosis we will provide is that of spinal subluxations and conditions created by or in direct relationship with vertebral subluxations. If you desire advice, diagnosis, or treatment for any symptom, condition, disease, or concern, we recommend that you seek the services of a health provider who specializes in that area. Our paramount practice objective is to reduce and remove spinal neural pressure that is inhibiting and affecting the natural healing response. Our only method is specific adjusting to correct vertebral subluxations.

I, _____ have fully read and fully understand the above statements. I understand that the spinal adjustments offered by the Center for Vibrant Health are not a replacement for any form of treatment provided by other types of practitioners. I understand that I am not being treated for any condition of symptoms other than spinal tension, vertebral subluxation, and the associated loss of spinal and nerve system integrity. The Center for Vibrant Health offers Chiropractic as a form of health and wellness care, to promote the natural mechanisms for self healing and empowerment, as compared to specific target treatment. I therefore accept Chiropractic care on this basis.

Signature: _____ Date _____