



Gregory D. Wilson, D.C.

Print Full Name: _____

Date: _____

Chiropractic Manipulation, trigger point therapy, and Acupressure are the services delivered at this clinic. Acupressure is a simple, safe, non-invasive and natural method of normalizing the transmission of energy flows in the body and or stress reduction. These are not methods for preventing, diagnosing, treating, healing, relieving or curing symptoms, disease or medical conditions of any kind. I understand that should I receive chiropractic manipulation, acupressure, exercise advice, diet advice, or nutritional advice, there may be temporary side-effects such as fatigue, flu-like symptoms and possible aggravation of the symptoms presented after a treatment.

I also understand that being well fed and hydrated is necessary to facilitate benefits from our services and it is my responsibility to see that I have adequate nourishment each day.

I understand the practitioners are Chiropractors, Massage Therapists, and Health Coaches and there is no medical care provided of any kind. No cures are guaranteed. I understand that the initial visit includes a history, exam and testing as directed in order to evaluate if the services of the Center are right for me and determine if I am eligible for our services.

I understand that Gregory Wilson, D.C. or a Health Coach Practitioner will see me my first visit, depending on the reason for appointment. Dr. Wilson performs chiropractic adjustments, Acupressure treatments, and Decompression Therapy. I understand that there may be another practitioner that will manage my case visits with our Weight Loss Program. However, I do understand that Dr. Wilson reviews every patient file, and will be in control of my care.

I understand that once nutritional supplements are purchased from and leave the office, they may not be returned, exchanged, refunded or credited unless Dr. Wilson determines that the order was filled incorrectly. I also understand the Dietary Supplement called Whole Organic Cruciferous Food and Super Nutrient Multivitamin is made by Berg Nutrition and sold by Gregory Wilson, D.C. in this office.

Should I opt to take advantage of it, I understand that the discounted, flat rate Pre-Pay Package offered is a non-refundable program and may not be altered, shared, transferred or combined with any other promotional special or discount. I understand that any unused portion of a Pre-Pay Package upon discharge from the Center may be applied to product purchases or may be moved to another service (excluding complimentary visits that were issued as part of package rate) or is forfeited. I understand that I am free to pay in full, visit by visit and that any prepaid package program is only an incentive to move through my program to achieve my goals.

I understand that the Wilson Chiropractic Health Center is paid in cash at the time of service (or in advance with discounted, pre-pay programs) for product purchases and Weight Loss Programs and that the Center does no 3rd party or insurance billing, reporting, coding, processing for the Weight Loss Programs. Postdated payments are not accepted unless proper arrangements are made.

I have read and understand the above terms of service. Patient Signature _____

CONSENT TO TREAT A MINOR (Under 18 years old)

I, _____, do hereby request this center to evaluate and perform services for my _____ named _____, age _____, and consent on his or her behalf. I am a legal guardian of this child. I understand that while this child is in the center, he/she is to be with me at all times and may not be left alone, unsupervised or in the care of staff or other clients. I have read and agree to the Center's above terms.

Guardian Signature _____ Date _____