

Statement of Clinical Objective

We at Natural Healthcare Specialties want to share our Statement of Clinical Objectives with you. It clearly defines our approach to chiropractic, to healing and to serving those who choose to come to this center. We want you to understand fully what you can expect from us and what we see as your role in this relationship. The following concepts are central to the way we practice. We are pleased to share these ideas with you so that we can be in alignment of purpose from the beginning.

Chiropractic is a healthcare discipline which emphasizes the inherent recuperative power of the body to heal itself without the use of drugs and surgery. The practice of chiropractic focuses on the relationship between structure of the body (primarily the spine) and function of the body (as controlled by the nervous system) and is concerned with how that relationship affects the preservation and restoration of health.

Chiropractic focuses particular attention on the subluxation. Subluxations are minor misalignments of the spine which create tension and interfere with: proper nervous system function, our ability to handle stress and our general health. By definition, sub luxation means “less than a dislocation” structurally speaking and sub lux ation means “less light in the body” functionally speaking.

There is a life force energy flow within each one of us and the nervous system is one of the main coordinating systems and distribution center for this energy. The spine is the main pipe or conduit for this energy flow. Any alteration in the shape, position or tension of the spine will affect this flow.

The practice of chiropractic can vary depending on the physician. Some clinics may focus on the treatment and rehabilitation of musculoskeletal injuries, where the use of chiropractic adjustments and ancillary procedures are part of a physical therapy protocol model. Other practices, including ours, focus on restoring and improving the body’s overall functioning and healing capacity, where the use of chiropractic procedures are combined with other natural therapies as part of a health and wellness protocol model.

The physicians at Natural Healthcare Specialties are not medical doctors. Therefore, we cannot act as your primary healthcare provider or medical specialist. Because of this, we cannot diagnosis and treat a disease a person may have. However, we can evaluate and support the person who may have a disease. We do not discourage you from seeking medical attention to name or treat symptoms or disease. We actually encourage any individual having concerns about symptoms or conditions to consult with his or her medical physician.

The physicians at Natural Healthcare Specialties are not psychologists or psychiatrists. Counseling services are provided for improved lifestyle strategies. Various chiropractic and energy medicine techniques and remedies are used to shift mental/emotional stress reactions physiologically not psychologically. Working with licensed counselors and/or attending personal growth seminars is not discouraged.

As doctors of chiropractic by degree and license, we will not venture into the practice of medicine by advising you about the need for medication. We suggest that you speak with your medical physician to determine the objectives and goals to be obtained by receiving medical treatment. You need to determine if this is consistent with your desire for health and wellness at this point in time. As your body makes changes and gets healthier, the need for medication may decrease. Your medical physician can help guide you in changing any medication or treatment you are presently taking to accommodate your changing body and mind.

The holistic healthcare evaluation and support offered in our practice is considered complimentary to standard medical diagnosis and treatment. No matter what the current medical diagnosis or treatment may be, as the tension and blocks of the body are released, nervous system energy begins to flow uninterrupted. Just as a light bulb burns brighter by turning up the rheostat, we too function at a higher potential. We begin to react more appropriately to stress and better recover from past and present stressors.

We choose to help each member of our practice to release tension and blocks from his or her mind and body by using whichever chiropractic technique and/or natural remedy appears to most honor the individual. As part of the practice of chiropractic, services may include:

Physical exams- including: general, musculoskeletal, orthopedic and neurological assessments.

Common diagnostic procedures- including: diagnostic x-rays and imaging, laboratory evaluation of blood, urine, stool and saliva.

Uncommon evaluation procedures- including: heart rate variability, biological impedance analysis, electro-acupuncture screening, kinesiology muscle testing, auricular medicine pulse testing.

Health Coach Consultations- including: information on Diet, Fitness and Stress Management.

Chiropractic Manipulative Therapy- including: spinal, extremity & visceral adjustments by hand or instrument.

Percussion/Acupressure Therapy- including: the use of hand held percussion and adjusting instruments.

Auricular Therapy /ear acupuncture-including: the use of electrical stimulation, laser, needles or magnet pellets.

Therapeutic nutrition- including: foods, diet plans and nutritional supplements.

Botanical/herbal medicines- including: teas, pills, creams, oils, powders, suppositories and tinctures, which may contain alcohol.

Essential Oils- including: single and blend concentrated essences extracted from organic whole food plants and herbs that are applied topically and inhaled.

Homeopathic remedies: Highly diluted quantities of naturally occurring substances, which may contain alcohol.

Potential Benefits: Drugless relief of symptoms, decreased pain, spasm, swelling and inflammation, assistance with injury and ill-health recovery, improved mobility and function, an improved state of health, function and overall well-being, restoration of health, healthy aging, complimenting the standard medical treatment of disease, prevention and progression.

Treatment Results: The services provided in our practice have stood the test of time clinically, helping the majority of our patients to some degree. However, you must realize that the practice of medicine, including chiropractic and all healthcare approaches, results are not guaranteed and there can be no promise of cure. As with all types of healthcare interventions, there are some risks. See next section.

Potential Risks: Soreness, pain, minor bruising, burns, infection, blistering, loss of consciousness or deep tissue injury from topical procedures, needle insertions, heat or frictional therapies, electromagnetic and hydrotherapies, allergic reactions to oils, herbs or supplements, temporary dizziness and lightheadedness and aggravation of pre-existing symptoms and soft tissue or bone injury from physical manipulations.

Notice- regarding soft tissue and bone injury: Just like exercise, it is common to experience muscle soreness with the first few treatments. In isolated cases, underlying physical defects, deformities, or pathologies (like weak bones from osteoporosis) may render a person susceptible to dislocations, fractures, disc injury, strokes, strains and sprains. Please alert the doctor about any conditions you may be aware of so that we may proceed with extra caution.

Notice-regarding stroke: There is a rare but serious condition known as an “arterial dissection” that is typically caused by a tear of the inner wall of an artery that may cause the development of a thrombus (clot) which may lead to a potential stroke. The best available scientific evidence supports the understanding that a chiropractic adjustment does not cause a dissection in a normal, healthy artery. Disease processes, genetic disorders, medications, and vessel abnormalities may cause a vessel to become more susceptible to dissection. Strokes caused by arterial dissections have been associated with over 72 everyday activities such as sneezing, driving, and playing tennis.

Arterial dissections occur in 3.5 of every 100,000 people whether they are receiving healthcare or not. Patients who experience this condition often, but not always, present to their medical doctor or chiropractor with neck pain and headache. Unfortunately a percentage of these patients will experience a stroke.

The reported association between spinal manipulation and stroke is exceedingly rare and is estimated to be one in one million to one in two million. For comparison, the risk of death from a normal dose of aspirin is one in ten thousand and the risk of getting hit by lightning is one in one million.

Notice- to all pregnant women: All female patients must alert the doctor if they know or suspect a pregnancy. Some of the therapies used could present a potential risk to the pregnancy. Labor-stimulating techniques and/or labor-inducing substances will not be used.

Notice- to individuals with bleeding disorders, pace makers, cancers and implants: for your safety it is vital to alert the doctor of these conditions.

Notice- of treatment options and non-treatment: It is important that you understand other treatment options available to you including: self-administered care, over-the-counter pain meds, physical measures and rest, medical care with prescription drugs physical therapy, bracing, injections, and surgery. Lastly, you have the right to a second opinion about your circumstances and healthcare as you see fit. I understand that the risks of refusing or neglecting care may include: increased damage and a worsening of an issue, complicating treatment and prolonging recovery and making rehab more difficult and lengthy.

Sessions, Fee, Payments, Patient Rights and Privacy

1. As a patient, it is your right and responsibility to ask questions and discuss to your satisfaction anything on this information and consent form and about the process of holistic chiropractic care and your healing. You may withdraw consent and discontinue evaluation and support at any time without obligation. You are only responsible for the previously completed sessions and lab tests and for any sessions that were not canceled 24 hours before the scheduled appointment.

2. As a patient, I understand that a record will be kept of the health services provided to me. The information disclosed on a form or in a session is strictly confidential and will not be revealed unless you give us your written consent or it is required by law. I understand that I have the right to review my records and obtain a copy of my records upon request.
3. Office visit sessions average 45 minutes long. Visits are usually scheduled weekly until health goals are met. You and Dr. Pinto will jointly agree upon the length and frequency of your visits.
4. The fee for an office visit is \$120.
5. The costs of nutritional supplements and lab fees vary and will be an additional charge when necessary.
6. Payment is required when services are rendered. Visa, MasterCard, checks and cash are accepted. If you have insurance benefits for chiropractic care, a cash receipt with insurance codes will be provided each month for you to attach to a completed claim form. Since our office does not file insurance claims directly, by law, we cannot accept Medicare patients.
7. We understand that things come up and you may not always be able to keep your appointment. As a courtesy, we require a 24-hour notice when rescheduling a session. If we do not receive sufficient notice, you may be charged for your missed appointment. We have a waiting list practice and it is only fair that you call us so that we may have the time available for other patients. This center may refuse you further service if this commitment is not honored. It is our objective to do everything possible to make available the support you need and to show concern for your well-being.

Declaration and Consent

I, _____, have read or have had read to me the above Patient Information and Consent form. I have also had the opportunity to ask questions about its content and I understand Natural Healthcare Specialties clinical objective, fee schedule and appointment policy. I have been informed of my rights as a patient. My signature below indicates my consent for evaluation and support by Dr. Pinto of Natural Healthcare Specialties. I appreciate that it is not possible to consider every possible complication to care and I agree with the current or future recommendations to receive holistic chiropractic care as is deemed appropriate for my circumstance.

If the patient is a minor, I hereby authorize Dr. Pinto to provide healthcare for my son, daughter or dependent: _____, as he deems necessary. (Initial) _____

Patient Signature: _____ Date: _____

Doctor Signature: _____ Date: _____