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Animal Patient Information Form

Owner's Name:

Date:

Address:

City:

State:

Zip:

Phone:

Work:

E-mail:

How did you hear about us?

Your Animal Information:

Name:

Breed:

Age:

Special Concerns:

OUR PURPOSE – A Statement of Clinical Objective

My purpose in sharing with you this statement of clinical objective is to clearly define my approach to Chiropractic, to healing and to those I serve in this office. I wish to have clear communication about both our responsibilities in this exciting relationship.

The following concepts are central to the way in which I practice Chiropractic and I am pleased to share these ideas with you so that we can be in alignment of purpose at the very beginning.

- * There is an intelligence within each individual, which not only keeps that person alive, but also animates, coordinates, repairs, renews, empowers and heals.
- * The nervous system is the main coordinating system and distribution center for this **Innate Intelligence**.
- * Alteration in the shape, position, tone, or tension of the nervous system, (especially at the spine) will block, inhibit, or redirect the expression of this intelligence.
- * The sole purpose of a Chiropractic Adjustment in this office is to bring ease into the body and empower a greater communication of each person's self-healing power.
- * Everyone, in spite of specific symptoms or ailments, can benefit from a nervous system which is more flexible, elastic, and adaptable to life's stressors.
- * **Innate Intelligence** expressing itself through a highly functioning nervous system, is the true agent of healing, empowerment, coordination, inspiration, movement, and joy. Healing is an inside job, coordinated by the same power that develops and renews your body.
- * By their very intent, various forms of treatments may interfere with the functioning of the nervous system and are often incompatible with maximizing the benefits of chiropractic adjustments. This may include drugs such as pain reducers, muscle relaxants, anti-inflammatory compounds, and mood altering medications.
- * I will not venture into the practice of medicine by advising about the need for reduction of such medications. I suggest you speak with your physician to determine the objective and goal to be obtained by receiving medical treatment. Determine if this is consistent with your desire for wellness at this point in time. Your physician may guide you in changing any medication or treatments you are presently taking to accommodate for your changing mind-body.
- * Consistent with these concepts, I choose to help each individual member of my practice experience a greater level of wellness, flexibility, personal growth, empowerment, and healing by locating and adjusting areas of stored tension and potential energy with whichever force application appears most honoring to that individual at that time.

I, _____ have read this statement of purpose, and understand its contents. I understand that the spinal adjustments offered in this office are not a replacement for any form of diagnosis or treatment provided by other types of practitioners. I understand that I am not being treated for any condition or symptom. This office offers chiropractic as a form of wellness care, to promote the natural mechanisms for self-healing and empowerment.

Signature: _____ Date: _____