



## TERMS OF ACCEPTANCE

AS USED IN THESE DOCUMENTS, THE TERMS "WE," "OUR" AND/OR "US" REFERS TO THE LEGAL OWNERS AND OPERATORS OF CREATIVE CHIROPRACTIC.

**EXPLANATION OF SERVICES-** Routine activities regularly cause misalignments of the spine. These misalignments, otherwise known as subluxations or joint dysfunctions, create interference with the transmission of proper neuro-electrical communication through the spine and extremities. This can cause decreased joint motion, pain, discomfort and/or a lessening of the body's ability to function properly. Chiropractic focuses on addressing restricted joint motion, mainly of the spine and related nervous system, and the effects of these misalignments on general health. Our primary focus is providing patients with a pathway towards better health through ongoing routine chiropractic adjustments for maintenance and preventative care. Our number one concern is the health and safety of the people we serve. Therefore, we only accept those patients concerned with committing to the benefits of gentle routine chiropractic care. To receive the most from the services provided, it is important to better understand what we do and don't do:

**WHAT WE DO-** We provide our community with an affordable and convenient portal of entry to wellness through routine chiropractic care, often resulting in better function, improved joint motion, and a healthier, more active lifestyle. We accomplish our goal through the gentle application of a targeted corrective force where and when indicated by a Chiropractor to improve motion of the body's spinal column and extremities. This is commonly referred to as an adjustment or manual manipulation.

**WHAT WE DON'T DO / LIMITATION OF SERVICES-** We do not offer to treat any disease or condition other than joint dysfunctions associated with the spine and extremities. We do not communicate with, accept, or bill insurance, Medicare, and/or any third party carrier for payment or records, as a store policy. We do not have extensive medical diagnostic equipment used for medical diagnosis, or on-site x-ray equipment. We do not provide invasive testing or treatments. Our services are limited to the maintenance and preventative effects of routine care by improving function in the spine and extremities. In the doctor's professional opinion, should any of our patients require x-rays, additional diagnostic testing, or other forms of health care services, they will be referred to an appropriate provider or facility, when indicated.

**FINANCIAL RESPONSIBILITY-** Upon completion of the first visit, all patients are required to pay a \$55 introduction fee. Any additional walk-in visits, after the initial visit, will cost \$35/visit. Recurrent membership plans are offered to reduce the cost per visit, and promote regular routine maintenance care. These payment options are available after the Doctor of Chiropractic has determined that chiropractic care is appropriate and has established an individual treatment plan. All patients acknowledge that they are financially responsible to remit payment in full for all services provided to them. All patients further understand and agree that we will not submit any billing data or related claim(s) for, or on, their behalf to any private insurance program, Medicare or any Secondary Medicare Insurance Program carrier with whom they have insurance coverage.

I, \_\_\_\_\_ have read and fully understand the above statements, and all questions regarding the doctor's objectives pertaining to my care have been answered to my complete satisfaction. I therefore accept all chiropractic care provided to me at Creative Chiropractic based upon these guidelines.

X \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENT TO EVALUATE AND TREAT A MINOR CHILD-** I, \_\_\_\_\_, Parent / Legal Guardian of \_\_\_\_\_ (child/ren names) have read and fully understand the terms of acceptance and hereby grant permission for my child(ren) to receive chiropractic care.

Parent / Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PATIENT INFORMATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender: M / F      Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_      Age \_\_\_\_\_

Home Address, Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_  W  H  C      2nd Phone \_\_\_\_\_

Email \_\_\_\_\_

What is your preferred method of communication?       Phone  Text  Email

Employer Name \_\_\_\_\_

Work Address Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Are you Medicare Eligible?       Yes  No

Do you have a Health Savings Account (HSA) or Flexible Spending Account (FSA)?  Yes  No

Will you likely visit this location coming from your:       Home  Office  or Both?

About how far must you travel to get here?  0-3 miles  3-5 miles  5-10 miles  10+ miles

About how long does it take you to get here?  0-5 min  6-10 min  11-15 min  15+ min

How did you first hear about Creative Chiropractic?

\_\_\_\_\_

If you were referred by someone please tell us who so we may thank them.

\_\_\_\_\_

Sign X \_\_\_\_\_ Date \_\_\_\_\_

---

## Patient History

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Height \_\_\_\_ ft. \_\_\_\_ in. Weight \_\_\_\_\_ lbs. Occupation \_\_\_\_\_ for \_\_\_\_\_ yrs.

Have you had chiropractic care before?  yes  no BP: \_\_\_\_/\_\_\_\_

If so, how recently? \_\_\_\_\_ Bpm: \_\_\_\_\_

(Where required. For clinical use)

Reason for today's visit?  Wellness/ Maintenance  Pain/ Stiffness/ Discomfort  
 Recent/ Previous injury  Other \_\_\_\_\_

Please elaborate if necessary \_\_\_\_\_

Where is/are any area(s) of complaint today if applicable?

(If multiple complaints, rank the following so that your primary complaint = '1', secondary = '2', etc.)

\_\_\_ Headache/Migraine L / R Ever:  Dull  Sharp  Tingling  Numb  Burning  Swollen

\_\_\_ Neck L / R When:  Constant  Intermittent How often? \_\_\_\_\_

\_\_\_ Shoulder(s) L / R

\_\_\_ Arm(s) L / R

\_\_\_ Elbow(s) L / R

\_\_\_ Wrist(s) L / R Are you now pregnant to your knowledge?  yes  no  N/A

\_\_\_ Upper Back L / R If yes, how many weeks? \_\_\_\_\_

\_\_\_ Middle Back L / R

\_\_\_ Lower Back L / R Have you delivered children? \_\_\_\_\_

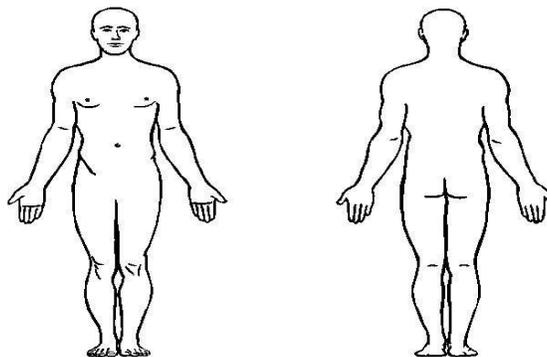
\_\_\_ Hip(s) L / R

\_\_\_ Sciatica L / R If so, How many children? \_\_\_\_\_

\_\_\_ Knee(s) L / R

\_\_\_ Ankle(s) L / R

Please illustrate anywhere you may experience discomfort or restricted function



Signed \_\_\_\_\_

Date \_\_\_\_\_

## Patient History Continued

If applicable, please rate the level of pain or discomfort related to your primary complaint. (1 = minimal; 10 = severe. As a guide, 10 is the worst pain imaginable and requires immediate emergency medical treatment. 8 would be on the verge of tears )

Please Circle Current Pain Level:      1    2    3    4    5    6    7    8    9    10

Have you ever experienced any of the following:  Sudden visual disturbances  Involuntary eye movement  
 Loss of sensation in your body  Dizziness  Difficulty walking  Sudden weakness  Difficulty speaking  Difficulty swallowing  Sudden vomiting or nausea

If yes to any above, state when and describe \_\_\_\_\_

Any Current Prescriptions \_\_\_\_\_

Any Over-the-counter medications used?  Tylenol  Ibuprofen  Aspirin  Pain Relief Gels  Other \_\_\_\_\_

### MUSCULOSKELETAL CONDITIONS (please check all conditions below that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Hip Pain/Discomfort  | <input type="checkbox"/> Neck Pain/Discomfort               | <input type="checkbox"/> Headaches/Migraines   |
| <input type="checkbox"/> Li Arthritis         | <input type="checkbox"/> Shoulder Pain/Discomfort           | <input type="checkbox"/> Sciatica              |
| <input type="checkbox"/> Fused/Fixated Joints | <input type="checkbox"/> Upper Back Pain/Discomfort         | <input type="checkbox"/> Elbow Pain/Discomfort |
| <input type="checkbox"/> Herniated Disc       | <input type="checkbox"/> Middle Back Pain/Discomfort        | <input type="checkbox"/> Wrist Pain/Discomfort |
| <input type="checkbox"/> Joint Replacement    | <input type="checkbox"/> Low Back Pain/Discomfort           | <input type="checkbox"/> Knee Pain/Discomfort  |
| <input type="checkbox"/> Osteoporosis         | <input type="checkbox"/> Inflammation/Swelling; where _____ | <input type="checkbox"/> Ankle Pain/Discomfort |
| <input type="checkbox"/> Osteopenia           |   |  |

Indicate if you have experienced any of the following and mark how recently.

### OTHER CONDITIONS

- |                                       |  |  |
|---------------------------------------|--|--|
| <input type="checkbox"/> Stroke       | <input type="checkbox"/> Cancer            | <input type="checkbox"/> Tumors              |
| <input type="checkbox"/> Pacemaker    | <input type="checkbox"/> Seizure Disorders | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> AIDS/HIV     | <input type="checkbox"/> Allergies         | <input type="checkbox"/> Heart Disease       |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Diabetes          | <input type="checkbox"/> Hepatitis           |
|                                       | <input type="checkbox"/> Hernia            | <input type="checkbox"/> Other _____         |

Surgeries?       Yes  No  Less than 1 month

Accidents/Broken Bones?  Yes  No  Less than 1 month

Hospitalizations?       Yes  No  Less than 1 month

If yes to any, list and describe \_\_\_\_\_

Family Health History:  Cancer  Tumors  Stroke  Seizures  Diabetes  High Blood Pressure  Heart Disease

Additional Health Information:

\_\_\_\_\_  
\_\_\_\_\_

Sign X \_\_\_\_\_

Date \_\_\_\_\_

(Self/ Parent / Legal Guardian Signature)

# INFORMED CONSENT

**INFORMED CONSENT TO CHIROPRACTIC CARE** We provide adjustments or manual manipulations through the gentle application of a targeted movement where and when indicated by a licensed Doctor of Chiropractic in attempt to improve motion and function of the body's spinal column and extremities. Chiropractic treatment, including spinal adjustment, has been the subject of government reports and multi-disciplinary studies conducted over many years and has been demonstrated to be an effective treatment for many neck and back conditions involving pain, numbness, muscle spam, loss of mobility, headaches and many other similar symptoms. Routine chiropractic treatment can result in improved function of the body, improved joint motion, and a healthier, more active lifestyle. However, there are some risks associated with chiropractic adjustments, including, but not limited to the possibility of sprains, dislocations and fractures.

In addition: 1. While rare, some patients may experience short term aggravation of symptoms, rib fractures or muscle and ligament strains or sprains as a result of manual therapy techniques: 2. There are reported cases of stroke associated with neck movements including adjustments of the upper cervical spine. Current medical and scientific evidence does not establish a definite cause and effect relationship between upper cervical spine adjustment and the risk of occurrence of stroke. Furthermore, the apparent association is noted very infrequently. However, you are being warned of this possible association because a stroke may cause serious neurological impairment and result in injuries including paralysis. 3. There are reported cases of disc injuries following cervical and lumbar spinal adjustments or chiropractic treatment. The risk of injuries or complications from chiropractic treatments are substantially lower than that associated with many medical or other treatments, medications, and surgical procedures given for the same conditions.

Common alternatives to adjustments and manipulations include medications, physical therapy, other medical treatments and surgery provided by physicians and surgeons.

By signing this Informed Consent, I acknowledge that I have discussed concerns, or have had the opportunity to discuss, express, or question concerns with my Doctor of Chiropractic the nature and purpose of chiropractic treatment in general and my treatment in particular (including spinal adjustments), the benefits, risks and alternatives to chiropractic treatment.

I consent to the chiropractic treatments offered or recommended to me by my Doctor of Chiropractic, including spinal adjustments. I intend this consent to apply to all my present and future chiropractic care received from Creative Chiropractic.

I understand and am informed that some potential risks may be associated with chiropractic adjustments, including, but not limited to, sprains, dislocations, fractures, disc injuries, strokes and paralysis.

Name \_\_\_\_\_

Sign X \_\_\_\_\_

(Self/ Patient / Legal Guardian Signature)

Date \_\_\_\_\_

\_\_\_\_\_

(Witness / Employee/ Dr Signature)

Date \_\_\_\_\_

## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY US, ANY CREATIVE CHIROPRACTIC EMPLOYEE, AND PARTIES HIRED BY CREATIVE CHIROPRACTIC FOR ADMINISTRATIVE OR BILLING SERVICES.

HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. If you have any questions about this Notice, please contact Creative Chiropractic clinic.

Who Will Follow This Notice? 1. Us, all Creative Chiropractic employees.; all Doctors of Chiropractic who provide services to you at Creative Chiropractic clinic; and all subcontractors of all Creative Chiropractic clinics. We understand that medical information about you and your health is personal and we are committed to protecting this information. When you receive chiropractic treatment from us, a record of the treatment you receive is made. Typically, this record contains your treatment plan, your history and physical, any x-ray and test results that you provide to us, and billing record.

This record serves as a: 1. Basis for planning your treatment; 2. Means of communication for or between Creative Chiropractic clinic doctors and staff, the doctors and staff operating under The Creative Chiropractic name, and your other health care providers, if any, that you wish us to share them with following a signed written request; and a 3. Tool for assessing and continually working to improve the care rendered. This Notice tells you the ways we may use and disclose your Protected Health Information (referred to herein as "medical information" ). It also describes your rights and our obligations regarding the use and disclosure of medical information.

Our Responsibilities- We are required by law to: 1. Maintain the privacy and security of your medical information; 2. Provide you with notice of our legal duties and privacy practices with respect to information we collect and maintain about you; 3. Abide by the terms of this notice; and 4. Notify you if we are unable to agree to a requested restriction. The Methods in Which We May Use and Disclose Medical Information about You The following categories describe different ways we may use and disclose your medical information.

The examples provided serve only as guidance and do not include every possible use or disclosure. 1. For Treatment. We will use and disclose your medical information to provide, coordinate, or manage your chiropractic treatment at Creative Chiropractic where you seek treatment. For example, we may share your information with your primary care physician or other specialists upon written, signed, personal request 2. For Payment. We will use and disclose information about you so that payment for the treatment you receive may be collected from you or another party. 3. For Health Care Operations. We may use and disclose medical information about you for our office operations. These uses and disclosures are necessary to run the clinic in an efficient manner and provide that all patients receive quality care. For example, your medical records may be used in the evaluation of services, and the appropriateness and quality of chiropractic treatment we provide. Chiropractic services will be provided in an open room where other patients are also receiving care. Other persons in the office may overhear some of your protected medical information during the course of care. Should you need to speak with the doctor at any time in private, a place for these conversations will be provided upon request. To the extent permitted by law, we may use cameras or other recording devices in our clinics. If or when cameras or recording devices are used, we will have a notice posted at the clinic informing you of the use of such devices. 4. For Contacting You. We may use your address, phone number, e-mail and clinical records to contact you with notifications, text messages, birthday and holiday related messages, billing inquiries, information about treatment alternatives, or other health related information. If contacting you by phone, we may leave a message on your answering machine or voicemail. 5. Appointment Reminders. We may use and disclose medical information to remind you of an appointment, if applicable. 6. As Required by Law. We will disclose medical information about you when required to do so by federal or state laws or regulations. 7. Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. Health oversight agencies include public and private agencies authorized by law to oversee the health care system. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, eligibility or compliance, and to enforce health-related civil rights and criminal laws. 8. Lawsuits and Disputes. If you are involved in certain lawsuits or administrative disputes, we may disclose medical information about you in response to a court or administrative order.

Sign X \_\_\_\_\_

Date: \_\_\_\_\_

## Notice of Privacy Practices Continued:

EXAMPLES OF DISCLOSURE CONTINUED: 9. Law Enforcement. We may release medical information if asked to do so by a law enforcement official in response to a court order or subpoena. 10. Electronic Disclosure. We may use and disclose your medical information electronically. For example, your medical information is maintained on an electronic health record. If another provider requests a copy of your medical record for treatment purposes, we may forward such record electronically.

DISCLOSURES REQUIRING AUTHORIZATION 1. Marketing. Marketing generally includes a communication made to describe a health-related product or service that may encourage you to purchase or use the product or service. We will obtain your written authorization to use and disclose your medical information for marketing purposes unless the communication is made face-to-face, involves a promotional gift of nominal value, or otherwise permitted by law. All other uses and disclosures of your information for marketing purposes require your written authorization. You have the right to revoke such authorization in writing.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION- You have the following rights regarding medical information collected and maintained about you: 1. Right to Inspect and Copy. The right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to us. You can also ask to see or get an electronic copy of health information we have about you. Ask us how to do this. 2. Right to Amend. If you feel that medical information maintained about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by us or The Joint Corp. To request an amendment, your request must be made in writing and submitted to us. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: • Was not created by us, unless the person or entity that created the information is no longer available to make the amendment; • Is not part of the medical information kept by us or Creative Chiropractic -, • Is not part of the information which you would be permitted to inspect and copy; or • Is accurate and complete. 3. Right to an Accounting of Disclosures. To request an "accounting of disclosures." This is a list of the disclosures made of your medical information for purposes other than treatment, payment, or health care operations. To request this list you must submit your request in writing to us. Your request must state a time period, which may not be longer than six (6) years. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. 4. Right to Request Restrictions. To request a restriction or limitation on the medical information we, Creative Chiropractic uses or discloses about you for treatment OR payment. You also have the right to request a limit on the medical information we, Creative Chiropractic discloses about you to someone who is involved in your care or the payment for your care. We, Creative Chiropractic are not required to agree to your request, but should any of us agree to your request, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions you must make your request in writing and include (1) what information you want to limit; (2) whether you want to limit our use and/or disclosure; and (3) to whom you want the limits to apply. 5. Right to Revoke an Authorization. There are certain types of uses or disclosures that require your express authorization. For example, we, Creative Chiropractic may not sell your information to a third party for marketing purposes without first obtaining your authorization. If you provide authorization for a particular use or disclosure of your medical information, you may revoke such authorization in writing by contacting us. We will honor your revocation except to the extent that we have already taken action in reliance of the specific authorization. 6. Right to Receive a Copy of this Document. You have a right to obtain a paper copy of this document upon request. CHANGES TO THIS NOTICE- We reserve the right to change our practices and to make the new provisions effective for all medical information we maintain. Should our information practices change, we will post the amended Notice of Privacy Practices in our office and on our website. You may request that a copy be provided to you by contacting us. I understand and agree to the patient privacy notice that was presented to me. I also acknowledge that a copy will be made available if I request one.

Sign X \_\_\_\_\_

Date: \_\_\_\_\_

## WHAT IS CHIROPRACTIC?

Chiropractic is a unique approach to health maintenance through the detection and removal of bodily misalignments. We use the term “subluxation” to describe these misalignments, which simply means a deviation from normal placement which is less than a full dislocation. We as chiropractors work primarily with the spine, primarily by hand. We do this because it is the central structure of the body. Structurally speaking, your limbs and ribs come out from it and your intestines sit in the pelvic base. It has to be very strong, even supporting over half your body weight at the lumbar spine, yet also very mobile where it can take the demands of life to twist, bend, stretch, and compress. These two physical requirements (motion and strength) are at odds with each other, so there is a fine-tuned balance the spine is designed to have. This mechanical/ musculoskeletal aspect is why so many professional and collegiate athletes and teams have chiropractors in their corner, because they have titles or potentially millions of dollars riding on how they perform, and they want to do so in perfect balance. Imbalances and negative patterns in the spine are going to be caused by a combination of your make-up (how you’re put together), and your stressors like accumulated slips/ trips/ falls, your toxic load from stuff you eat/ drink/ breathe/ absorb, and the repetitive lifestyle stresses of how you work/ play/ sleep/ drive. Some of these stressors we can get rid of, but some we cannot. This becomes a problem because when the structure of the spine is displaced, the nerve communication is inhibited.

The control system of the body is the nervous system. It works by the brain sitting atop the spine communicating and orchestrating every function of every organ, gland, muscle, cell, and tissue either directly or indirectly. It does this by sending information down the spinal cord and peripheral nerves at almost 250 mph, 24/7! The tissues then perform their task, all while constantly communicating back to the brain for regulation. THIS IS WHERE HEALTH COMES FROM! Health is your body’s ability to properly take stimuli and stress, and appropriately adapt to those demands. We tend to think of pain or symptoms to be the problem because of our society’s allopathic healthcare model, but in reality, pain is the body’s “warning light” that something is off; it is the body saying: “Stop! Look at me! Deal with me! Address this!” Nociception (pain sensation) is estimated to be less than 9% of the body’s communication. The other communication is all the other data that the body needs to perform. Nervous tissue is unique; it is a soft, flexible, fatty insulated tissue that needs to be slack, and bathed in nutrient-rich fluid. Neurologists currently are estimating that there are 77 Trillion nerve fibers passing through the top of the spine! The central nervous system is so soft that you could poke your finger into a brain, or even tear a peripheral nerve root with your hands. It is not meant to be under long-term tension, compression, rotation, or sheering forces. This is where we come in as chiropractors. We want to find areas of imbalance and misalignment, gently put a force into the direction of correction, and let the body do its thing from a more ideal state.

We are the only profession doing what we do, and how, and why. When we put specific favorable force into the spine, we interrupt some of the musculoskeletal patterns of tension and inflammation that can cause pain, but more importantly we open communication from brain to body, and allow the wisdom that heals the body to pass through uninhibited. This in-born wisdom is the only thing that ever does heal the body. If you break a bone and the ambulance takes you to the hospital, and the Dr. gives you meds and a cast, 6 weeks later you’re magically healed, right? Well, all of that was helpful, but it wasn’t the ambulance, hospital, Dr., meds, or even the cast that healed you. It was your own body knowing exactly what to do to repair itself. In fact, all of that other stuff was just to help facilitate by helping you cope and stay out of your body’s own way. This is the vital wisdom we want everyone to have communicating freely within their body.

Certainly there are the “miracle” cases where one adjustment to the spine is given and some chronic deficiency is restored immediately, but more often than not, chiropractic is delivered in a way of promoting a wellness lifestyle where just like eating right, exercising, learning a new skill, or even taking medicine, we are trying to break old body patterns and create new ones. This takes time and repetition. Instead of imbalance being your “normal”, we want new patterns of dynamic responsive symmetry to be your normal, wherever physically possible. It will always be of great benefit to correct imbalance on anybody of any age who experiences any of the stressors we talked about before. When there are structural imbalances, corrective force will be the pinnacle of positive approaches. Additional treatments addressing soft tissue response like heat, stretch, ice, massage, rest, muscle-stim, or anti-inflammants can be very helpful to amplify what we do, but can’t affect the structure or the nervous system in the same way that we do when we adjust the spine. The goal is, ultimately, to have a well population not seeking chiropractic as some sort of hopeful aspirin, but as an effective and affordable, safe approach to health maintenance through the routine checking of the spine and nervous system.

Life has its stress, we want to help undo the effects of these stresses on the body before health concerns or symptoms arise from the imbalance of the body. My family is typically on a 7-day cycle of work, school, play, rest, workout, sports, and house-work. For this reason we get checked once per week for misalignments; to interrupt the stress patterns on the body before they ever present with symptoms. Every man, woman, and child is different, and has different life experiences. This is why we each need our own specific and unique adjustments. This is my goal as a chiropractor: To provide safe, effective, gentle, affordable, routine, family, wellness chiropractic care.

Your health advocate,

Matt Goode DC

This page is yours to keep, and to be used to help explain to others what we do, and why!