

## Objectives of Care & Consent Form

The purpose of this statement of objectives is to help you better understand the nature of services offered in this office and the mutual responsibilities between Practitioner and Practice Member. This understanding fosters a more effective relationship and avoids misunderstandings regarding expectations. Having well understood expectations is anticipated to promote a greater sense of safety and healing.

By reading and signing this form, you are requesting and consenting to receive spinal care, including wellness education, in this office by Dr. Kim Haustedt, D.C., QNCP who provides Network Spinal Analysis (NSA), Somato Respiratory Integration (SRI), and Quantum Neurology (QN).

This office provides care in accordance with the *Council on Chiropractic Guidelines* and the *Canon of Ethics of the Association for Network Care*. Dr. Kim Haustedt has been clinically trained in traditional chiropractic and has the highest level of certification available in NSA and QN.

**NSA enhances your body's awareness of itself so you can develop new strategies for healing, adapting to stress, and experiencing wellness. These strategies promote spontaneous self-correction and self-regulation of spinal tension patterns.**

**QN assesses and rehabilitates loss of neurological function using LED/Infrared light therapy and muscle testing.** Each QN session is a series of neurological evaluations and corrections. The corrections last until the nerves are re-injured. Even though most individuals have a lasting correction, severely injured nerves may need to be corrected repeatedly until they can handle the stress of a required activity.

### **Please Read and Sign the Following:**

It has been explained to my satisfaction, and I understand that the Care offered in this office is not a form of, or a replacement for, the diagnosis or treatment

of any symptom, disease or malady. Instead, it is a form of wellness care and self-education that empowers my connection with my body-mind and develops new strategies for spinal and nervous system integrity and wellness.

I understand it is common to experience a wider range of motion and emotion during Care. It is common, as Care progresses, to find new options in the body and in life, which can lead to significant life changes. **This form of Care is NOT suggested for those individuals who wish to remove a symptom or condition *without* the occurrence of other fundamental changes in their lives.** The Care in this office often promotes significant changes in health choices, lifestyle, and experience of the mind-body, emotion and consciousness.

Rather than attempting to simply return to my previous state, minus a symptom, my Practitioner chooses to help me achieve new levels of wellness and life potential that I may never have had before.

I have read, or have had read to me, this Objectives of Care & Consent Form and understand that the Care in this office is different from what many consumers may expect from chiropractors practicing manipulative therapy. I agree to receive Care, which includes NSA, QN, SRI and/or Wellness Education. I understand that I am not passive in this process, but that I am an active participant in my Care and my healing.

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Printed Name of Practice Member

Date

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Signature of Practice Member