

# NETWORK SPINAL ANALYSIS (NSA) CONSENT FORM

The purpose of this consent form is to have a better understanding of the nature of the services offered in this office and our mutual responsibilities. This 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.

I hereby request and consent to receiving spinal care, including wellness education in this office by a chiropractor who provide Network Spinal Analysis (NSA) care, a low force approach which has unique outcomes and clinical results.

This office provides care in accordance with the Council on Chiropractic Practice Guidelines and the Canon of Ethics of the Association for Network Care, and my doctor has been trained in traditional chiropractic care and certified in the procedures of Network Spinal Analysis Care.

NSA does not attempt to manually, or by instrument, manipulate spinal fixations, nor does it directly treat painful areas of the spine and body. NSA promotes spontaneous self-correction and self-regulation of spinal tension patterns and healing. By enhancing my body's awareness of itself and specifically my spine, I understand I can develop new strategies for healing, adapting to stress, and experiencing wellness.

NSA consist of gentle touch contacts along the neck and back to achieve greater communication between the brain and body, and new sensory and motor strategies. NSA adopt and approach associated with somatic (body/spinal awareness) training. There is a body of research characterizing NSA care and documenting its unique and significant wellness benefits. I understand I may obtain copies of published research articles and/or abstracts from this office or be directed to web links.

I am aware that I will be receiving gentle touch Network adjustments, also called entrainments. Assessments of my progress will include monitoring of my spine and body awareness, responsiveness to inner rhythms, tension, and ease patterns. At regular intervals, following commencement of care, re-assessments will be performed. These will include my personal perception of my wellness and my awareness of my spine and body-mind changes. My chiropractor will report to me the improvement in my spinal and nervous system integrity and my ability to self-regulate tension and to re-organize my spine.

NSA is advanced through a series of Levels of Care. Each level of care involves the development of new and unique spontaneous spinal wave motions, other body movements, and oscillations. These waves, which are suggested to be associated with greater spinal stability, the redistribution of energy, and transfer of internal information are also associated with greater wellness, improved quality of life, and increased life enjoyment.

## Please Read and Sign the Following:

I also understand that, in addition to NSA care and wellness education, my practitioner may perform additional examinations or assessments and offer health/spinal care or advice that is consistent with my individual needs.

It has been explained to my satisfaction, and I understand that the care offered at this office is not a form of, or 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. It develops new capacities in my body for the identification of, spontaneous release of, and redirection of tension, including those that are unique to NSA care.

It is common for people receiving NSA care to breathe more deeply and more fully, engaging the spine with their respiration, to spontaneously adapt postures that release or redistribute tension, to bust stress, and to experience more of their inner Life Energy.

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 often 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, experience of the body-mind, emotion, and consciousness.

Rather than attempting to simply return me to my previous state minus a symptom, this chiropractor instead 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, the CONSENT TO RECEIVE NETWORK SPINAL ANALYSIS (NSA) CARE 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 consists of or includes NSA care and wellness education. I understand that I am not passive in this process, but that I am an active participant in my care and in my healing.

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Printed Name of Client

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Signature of Client

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Date

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Printed Name of Chiropractor

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Signature of Chiropractor

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Date

## PATIENT HISTORY QUESTIONNAIRE

PATIENT'S NAME \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ MARITAL STATUS: M S D W # OF CHILDREN \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_ WORK # \_\_\_\_\_

OCCUPATION \_\_\_\_\_ SPOUSE'S NAME \_\_\_\_\_

WHO REFERRED YOU TO THIS OFFICE \_\_\_\_\_

PLEASE READ THE FOLLOWING BEFORE COMPLETING THE REST OF THE FORM (2 PAGES)

Chiropractic is natural health care that is based on four specific principles.

1. The body has the power to heal itself. If you cut your finger, it heals. If you cut the finger of a corpse, it does not. Life itself is what heals. In the body, life is expressed as energy and information.
2. The energy and information that is needed to keep your body functioning properly and heal you when you are sick, flows from the brain, down the spinal cord, over the nerves to each cell of every part of your body. We call this principle "ABOVE, DOWN, INSIDE, OUT" OR ADIO. Everything that you feel or experience as a human being is carried back to the brain by the nervous system as well.
3. When we experience stress, it creates tension in our spine. If the tension is not released it pulls the spine out of alignment and creates blocks to the flow of energy and information from the brain to the body and from the body to the brain. This interference may show up or manifest itself as various symptoms, conditions, or illnesses.
4. In this office, we do not diagnose or treat symptoms or conditions. We utilize a state of the art method called Network Spinal Analysis (NSA) to help the body release the tension and gently bring the spine into alignment. This will reduce the interference to the nervous system and give the body a greater opportunity to heal itself.

ANY condition or symptom you have may respond to Chiropractic care based on the above principles even though the condition or symptom is not being treated. **Our goal is SIMPLY to remove the interference from the nervous system to give the body a better opportunity to function and heal itself.** Should you have extra concerns regarding any symptom or condition you have, we encourage to seek medical attention and we will work with all practitioners in any way that we can. Please read the following statement and confirm your understanding by signing below.

I have read the above statement and understand that chiropractic is not the diagnosis, treatment or naming of a disease, symptom, or condition. I enter care in this office with the understanding that a Network chiropractic adjustment (also called entrainment) will help my body to realize its potential for healing and wellness regardless of the condition, symptom, or disease that I may or may not have.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PS – please do not sign this form until you fully understand its contents. Please ask the doctor for clarification during the consultation before signing.

**THIS IS A CONFIDENTIAL REPORT**

Purpose Of this appointment: \_\_\_\_\_

Are you seeking: \_\_\_\_\_ Relief Care \_\_\_\_\_ Restoration of Health \_\_\_\_\_ Wellness Care How

long has it been since you really felt good? \_\_\_\_\_ Are you

\_\_\_\_\_ Getting better? \_\_\_\_\_ Getting worse? \_\_\_\_\_ About the same?

**Network chiropractic is based on helping the body to "find" and develop the strategy needed to resolve the tension patterns caused by unresolved stress or trauma. Please tell us about the stresses in your life from the time you were born until the present.**

**GENERAL PHYSICAL TRAUMA (please provide approximate date)**

Falls from crib, carriage \_\_\_\_\_ Falls down stairs \_\_\_\_\_ Golf \_\_\_\_\_  
Falls on ice \_\_\_\_\_ Sports impact \_\_\_\_\_ Tennis \_\_\_\_\_ Other \_\_\_\_\_  
Soccer \_\_\_\_\_

Car Accident \_\_\_\_\_ past year \_\_\_\_\_ past 5 years \_\_\_\_\_ over 5 years

Have you ever: (please provide approximate date)

Been knocked unconscious \_\_\_\_\_ use a cane, crutches, walker \_\_\_\_\_  
Broken any bones \_\_\_\_\_ other spinal injury \_\_\_\_\_

Comments: \_\_\_\_\_

Have you had surgery? \_\_\_\_\_

During the day I: \_\_\_\_\_ sit \_\_\_\_\_ stand \_\_\_\_\_ walk \_\_\_\_\_ desk work \_\_\_\_\_ phone \_\_\_\_\_ drive \_\_\_\_\_ heavy lifting

I exercise: \_\_\_\_\_ daily \_\_\_\_\_ weekly \_\_\_\_\_ monthly Describe \_\_\_\_\_

**GENERAL CHEMICAL TRAUMA**

Are you taking any drugs (prescription or over the counter) regularly? \_\_\_\_\_

Do you work with any chemical fumes, dust or smoke for prolonged periods? \_\_\_\_\_ Yes \_\_\_\_\_ No

**DIET**

Do you take vitamins? \_\_\_\_\_ Yes \_\_\_\_\_ No Describe: \_\_\_\_\_  
Use herbal products? \_\_\_\_\_ Yes \_\_\_\_\_ No Describe: \_\_\_\_\_  
Homeopathy? \_\_\_\_\_ Yes \_\_\_\_\_ No Describe: \_\_\_\_\_

**Frequency of following items: (D=daily F=few times per week W=weekly M=monthly N=never)**

Alcohol \_\_\_\_\_ Coffee \_\_\_\_\_ Tobacco \_\_\_\_\_ Sweets (chocolate) \_\_\_\_\_

**How would you describe your diet?** \_\_\_\_\_ **Vegetable based (mostly fruits and vegetables)**  
\_\_\_\_\_ **Grain based (pasta, rice, cereal, breads)**  
\_\_\_\_\_ **Meat based**

**GENERAL EMOTIONAL TRAUMA**

Do you have a stressful life? \_\_\_\_\_ Yes \_\_\_\_\_ No Do you have a stressful career? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you had any especially stressful periods in your life? \_\_\_\_\_ Yes \_\_\_\_\_ (i.e. loss of loved one, move, relationship, serious illness)

How would you grade your emotional health? \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor  
\_\_\_\_\_ Getting better \_\_\_\_\_ Getting worse