



Welcome to Pelletiere Healing Center

Family "Network Spinal" Chiropractic

Dr. Michele Pelletiere

It is our pleasure to serve you and acquaint you with our unique customized care. It is well known that families who maintain strong healthy, well aligned spines have much improved health. People whose spines are not kept in proper alignment are much more likely to develop health disorders later in life such as arthritis, illness, pain, heart attacks, strokes and even cancer.

My purpose is to care for and educate as many families as possible towards optimal health. Spinal subluxations destroy an optimal spine and your ability to have optimal health. Your experience with this office will not only be one of healing, but also of learning about optimal health and healing.

People Who Have Healthier Spines:

- Have higher resistance to disease/stronger immunity
- Take fewer prescription drugs and have fewer hospital and nursing stays
- Have 50% reduction in medical doctor visits with 2/3 reduction in costs
- Less time off from work, recover faster
- Report better sleep, improved love life, improved mental & emotional health
- Improved athletic performance, Seniors have better mobility and stable walking
- Better nerves; lower stress levels, reduce tension, get sick less often
- Improved sense of well-being, feel stronger, walk better and travel easier

What is Chiropractic?

Chiropractic is the science, art and philosophy of locating and correcting vertebral subluxations through specific, gentle spinal adjustments to improve spinal and neural integrity thus allowing the body to function at its optimum potential.

What is a "NETWORK" adjustment?

a specific, non-invasive "contact" "positioning" or "thrust" type force application delivered by hand. It's brief and non-painful. The purpose of the adjustment is to remove nerve interference in your body, increase body connection, and awaken your body's ability to heal itself.

Will my adjustment hurt?

Network spinal analysis adjustments are extremely gentle. I employ adjustment procedures that are safe, gentle and they even feel good too!

How many times do I have to come?

Everyone is unique on every level; therefore, it is virtually impossible to know exactly how many adjustments you will need to hit each of your goals. Everyone can choose to receive the benefits of their healthy responding, as they wish.

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239-949-1222

3411 Bonita Beach Rd Suite 302 Bonita Springs, FL 34134

MichelePelletiere@gmail.com

www.BackToWellbeing.com

Network Spinal Consent Form

By signing below, I hereby request and consent to receiving spinal care, including wellness education in this office, by a chiropractor who provides **Network Spinal (NS)**, a low force approach which has unique outcomes and clinical results. This practitioner **Dr. Michele Pelletiere**, chooses to practice NS and she is professionally and personally confident in regard to the safety and effectiveness of this form of care.

This office provides care in accordance with the **Council on Chiropractic Practice Guidelines** **Dr. Michele Pelletiere**, has been trained in traditional chiropractic care and certified in the procedures of Network Spinal NS.

The purpose of this consent is to help **me** (the one receiving treatment) to better understand the nature of the services offered in the 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.

NS consists of gentle touch "contacts" along the neck and back to achieve greater communication between the brain and the body, along with a new sensory and motor strategies. **NS** adopts an approach associated with **SOMATIC (BODY/SPINAL AWARENESS)** training. There is a body of research characterizing **NS** care and documenting it's unique and significant wellness benefits. **I understand I may obtain copies of published research articles and/or abstracts in this office.**

By signing this form, I am aware that I will receive gentle touch **NS** 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 body-mind changes. **Dr. Michele Pelletiere** will report to me the improvement in my spinal nervous system integrity and my ability to self-regulate tension and to re-organize my spine.

By Signing, I understand that this *procedure* is performed in an open room setting and **my adjustments may be incidentally observed** and that **conversations with the doctor many incidentally be overheard** by other clients. I understand that all initial consultations/examinations and progress evaluations are done in a private and if at any time during care, I wish to discuss my care privately, I may set up an appointment for a consultation with the doctor. In this office, client confidentiality and privacy is always honored and in compliance with all **HIPAA privacy statues**.

By signing below, I am confirming that I have had read or have read to me, this "**Consent To Receive Network Spinal (NS)**" and understand that the care in this office is different from what many consumers may expect from chiropractor's practicing manipulation therapy. **I agree to receive care, which consists of or includes NS 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.**

Please PRINT Your Name Clearly:

PRACTICE MEMBER

Please Sign Your Name for Consent:

PRACTICE MEMBER