

Welcome To:

PROVIDENCE --- **CHIROPRACTIC**

The office of:
Dr. Jack M. Bourla, D.C.

505 Seaport Court, Suite 103
Redwood City, CA 94063
(650) 365-1473 phone
www.prochirocenter.com

Thank you for choosing our office. We are committed to providing you and your family with the highest quality of chiropractic care available so that you heal quickly and enjoy an active, healthy, long life. We will be working together to help you and your family reach your health and lifestyle goals.

If you ever have any questions about your chiropractic care, please don't hesitate to ask one of our highly educated Chiropractic team. All of your questions, even the ones you haven't even thought of yet, will be answered during your Chiropractic Report.

Chiropractors have become the "go-to" doctors for millions of people around the world. Regardless of your reason for visiting our office today, our goal is to become your family's trusted provider and resource for living a healthy life throughout your lifetime. We look forward to helping you and your family members achieve your health goals.

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Chiropractic Health Questionnaire

Name: _____ Best Phone # To Call: _____
Address: _____ Alternate #: _____
City, State, Zip: _____
Birthdate: _____ Age _____ Email: _____
Occupation: _____ Employer: _____
Married: Y or N Spouse's Name: _____ No. of Kids: _____
Height: _____ Weight: _____

1. Most patients are referred to our office by a caring family member or friend. What made you decide to visit our office:
Family/Friend's Name: _____ Other: _____
2. Research shows that your spine should be checked regularly. How many times have you visited a Chiropractor in your lifetime?
_____ Last Visit _____ Don't Recall _____ Never _____
3. When was your last complete spinal examination: _____ Never _____
4. Have you ever been told you have a spinal curvature, spinal arthritis or inherited spinal problem: Y or N
5. Spinal misalignments may cause decay and degeneration which results in grinding or cracking. Do you ever hear noises when you move your head or neck or low back: Y or N
6. Spinal misalignments can make you feel like you need to twist, stretch or crack your neck or back. Do you ever feel like you need to crack or pop your neck or back: Y or N
7. Poor posture leads to poor health and often indicates a spinal problem. How would you rate your posture:
Poor Good Excellent No Idea
8. Stress can cause or accelerate spinal damage. Rate your stress level over the past 90 days:
Low Medium High Out Of This World
9. Please list any health symptoms or complaints you are experiencing: _____

10. Prescription medication may cause various side effects, hide the severity of health problems and hinder the body's ability to heal. What medications are you currently taking (prescription and over the counter): _____

11. Injuries can cause serious spinal problems. Have you been injured in the past or recently (sports, work, car accidents, cumulative trauma)? If so, please list and give dates: _____

12. Chiropractors are the only doctors trained to analyze, detect and correct vertebral subluxations in your spine (misaligned vertebra that may place undue pressure on your nerve system, thus affecting how your body functions, heals and ages). Subluxations can happen in many ways. Please **circle** if you have had difficulties with any of the following:

Birth Process (yours)
Birthing Children (if you are a mom)
Childhood Play
Growth Spurts
Body Weight Changes
Physical, Chemical, Mental Stress
Intense Emotional Experiences

Auto Accidents
Work Injuries
Environmental Toxicities
Sports Injuries
Intensive Training
Poor Posture
Excessive Sitting

Trips, Falls
Sickness, disease
Other: _____

13. Spinal health is especially important during pregnancy. Any chance you might be pregnant: Y or N
14. Do you drink ½ of your weight in ounces of water every day? Y or N If no, how many ounces do you drink: _____
15. Do you exercise? If so, what and how often: _____
16. Do you sleep well? Y or N If not, why? _____
17. If the doctor feels that Chiropractic will help you, are you willing to follow his/her recommendations: Y or N
18. Do you consume 5-13 portions of vine ripened fruits and vegetables daily: Y or N If no, about how many? _____
19. How do you believe we can best help you: _____

20. Are you experiencing any difficulty with the following functions? Please circle Y or N

- | | | |
|---------------------------|--------|-------|
| 1. Bladder/bowel function | Y or N | _____ |
| 2. Sleep | Y or N | _____ |
| 3. Energy | Y or N | _____ |
| 4. Concentration/Focus | Y or N | _____ |
| 5. Appetite | Y or N | _____ |
| 6. Digestion | Y or N | _____ |
| 7. Mood | Y or N | _____ |
| 8. Menstrual Cramps | Y or N | _____ |
| 9. Strength | Y or N | _____ |
| 10. Balance | Y or N | _____ |
| 11. Flexibility | Y or N | _____ |
| 12. Headaches | Y or N | _____ |
| 13. Allergies | Y or N | _____ |
| 14. Posture | Y or N | _____ |
| 15. Blood pressure | Y or N | _____ |
| 16. Pain | Y or N | _____ |
| 17. Weight gain/loss | Y or N | _____ |
| 18. Vision | Y or N | _____ |
| 19. Memory | Y or N | _____ |
| 20. Patience | Y or N | _____ |
| 21. Sexual function | Y or N | _____ |

21. Are you a smoker now? Y or N

22. PART OF OUR CARE FOR YOU IS AN ORIENTATION CLASS. DURING THIS CLASS, YOU WILL BE PROVIDED INFORMATION ABOUT HOW YOU CAN HELP YOURSELF AND THOSE YOU LOVE LIVE MORE HEALTHY AND VIBRANT LIVES. PLEASE PLAN TO ATTEND A CLASS WITHIN THE FIRST TWO WEEKS OF YOUR CARE. FEEL FREE TO BRING A FAMILY MEMBER OR FRIEND WITH YOU.

As a result of my Chiropractic care, I would like to (check all that apply):

- Feel better quickly
- Have a healthier spine and nerve system
- Live a healthier lifestyle
- Other: _____

Patient's Signature: _____ Date: _____

PROVIDENCE
CHIROPRACTIC

Office Fee Schedule and Financial Policy

<u>Service</u>	<u>Fee</u>
Consultation	\$ No charge
Initial Exam	\$ 225
Adjustment	\$ 65
Periodic Dynamic Exam	\$ 85
Lifestyle Adjustment Plans	Individualized

Financial Policy and Chiropractic Active Life Plans

We are committed to providing you with the best chiropractic care possible in a caring environment and have established our financial policies to achieve that goal. We do not participate with any insurance companies. You will be expected to pay for your chiropractic care at the time the service is rendered unless you arrange a payment plan in advance. These plans are designed to be the most cost effective way to keep you and your family as healthy as possible. They include a care plan that is intended to bring you marked improvement in the function of your nerve system and a future care plan that is intended to maintain your progress. Details of these plans will be discussed with you during your Chiropractic Report.

- **Fees:** If you have health insurance that covers chiropractic and you choose to use it, we may file the insurance claim for you, but please remember that in the event of a dispute, your agreement with your insurance company is between you and them. **WE DO NOT DO ANY FOLLOW UP ON INSURANCE CLAIMS, WE DO NOT SUBMIT REPORTS, AND WE DO NOT DO SECONDARY INSURANCE BILLING.** Please note that some insurance companies participate to some extent. Each insurance company is different and it is your responsibility to find out if they cover you so that you may receive maximum reimbursement from them.

If an unusual situation arises, such as an auto accident or personal injury, and you are on a special plan with us, a new examination will need to be performed and you will be charged our regular fees until the claim is settled.

I, (name) _____ have read and I understand the above policies.

Patient signature

Date

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TERMS OF ACCEPTANCE/ INFORMED CONSENT

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both to be working towards the same objective.

Chiropractic has only one goal: the analysis, detection and correction of vertebral subluxation. It is important that each patient understand both the objective and the method that will be able to attain it. This will prevent any confusion or disappointment.

Adjustment: An adjustment is the specific application of forces to facilitate the body's correction of vertebral subluxation. Our chiropractic method of correction is by specific adjustments of the spine.

Health: A state of optimal physical, mental and social well-being, not merely the absence of disease or infirmity.

Vertebral Subluxation: A misalignment of one or more of the 24 vertebra in the spinal column which causes alteration of nerve function and interference to the transmission of mental impulses, resulting in a lessening of the body's innate ability to express its maximum health potential.

We do not offer to diagnose or treat any disease or condition other than vertebral subluxation. However, if during the course of a chiropractic spinal evaluation, we encounter non-chiropractic or unusual findings, we will advise you. If you desire advice, diagnosis or treatment for those findings, we will recommend that you seek the services of a health care provider who specializes in that area.

Regardless of what the disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others. Our only practice objective is to eliminate a major interference to the expression of the body's innate wisdom. Our only method is specific adjusting to correct vertebral subluxations.

Chiropractic care is safe and the majority of patients experience great results. Some may experience temporary increased pain as their bodies change. Serious harm (fracture, dislocation, aggravation of an injury) is extremely rare and is not an inherent risk of Chiropractic adjustments. Some people seek care for symptoms of a stroke or cerebrovascular injury. Chiropractors are trained to be aware of these symptoms and will refer to appropriate medical personnel for proper care. Please advise us if you are taking blood thinners, if you have had any surgeries or have been diagnosed with osteoporosis, heart disease, cancer, stroke, fracture or previous injury.

I, _____ have read and fully understand the above statements.
(print name)

All questions regarding the doctor's objectives pertaining to my care in this office have been answered to my complete satisfaction.

I therefore accept chiropractic care on this basis.

(signature)

(date)