# HARDING 🏶 HOLISTICS

FUNCTIONAL MEDICINE • CHIROPRACTIC

JOHN PACIOREK D.C., CFMP. | SHANNA PACIOREK D.C., CFMP

#### What to expect

It is important to carefully read all the information that was sent to you. Take your time and think about your answers while filling out our medical questionnaire.

Our primary goal is to help you get well. Outlining what you can expect will decrease your initial apprehension and get you on the road to improved health faster.

The most important part of any medical work up is a thorough and detailed history. We have developed this medical questionnaire which will allow us to obtain a comprehensive and detailed history. Uncovering underlying factors that have caused or are causing your present health challenges is essential for getting well.

#### **Medical Records**

Medical records can only be released with your authorization. A medical records release form is enclosed for your use. You are responsible for obtaining medical records from other physicians / health care providers. Please contact them to obtain these records. If you need guidance we will be happy to help. Your records can be mailed or faxed to:

Dr. John Paciorek 427 West Harding Road Springfield, Ohio 45504 F: (937) 399-1884

### **First Visit**

Please return your paperwork at least 24 hours before your scheduled appointment. The cost of the first consultation is \$175. The cost of your first visit not only includes your time with Dr. Paciorek, but more importantly covers the time it will take for Dr. Paciorek to study your medial records. This will provide significant information to determine what to do next to help you get well.

Our main objective is to carefully identify what has possibly been missed and to give you some logical direction to help turn your health around. The next step may require further testing - consisting of physical examination, lab testing, muscle testing, or other diagnostic testing. Once we have the results we will be able to outline the most effective treatment plan.

#### **Cancellation of Appointments**

Due to the overwhelming requests for new patient consultations, there is a 3 day cancellation policy. You may cancel your appointment by calling our office, (937) 399-1159. When you receive the voicemail please leave a message.

#### **Insurance Information**

We do not participate with insurance or Medicare and we cannot assure you that services will be reimbursed. We will be happy to provide you with diagnosis and procedure codes to assist you with possible insurance reimbursement.

#### **Payment Options**

Our office accepts:

- Health savings accounts
- Cash / check
- Debit and most major credit cards.

Payment is due on the day of service.

You are making a great choice for you and for your health. *"Invest in your health now or pay for your sickness later."* 

Please sign and date below acknowledging that you have read and understand what is expected. Let us know if you have any questions or need anything else.

Name:

Date:



## FUNCTIONAL MEDICINE . CHIROPRACTIC

Fax	То:
Pages:	Fax No:
	Date:
Including Cover	RE:

Comments:



"Creating strong families by finding success in living a health life."