DR. STEVEN M. GILLIS

CHIROPRACTOR

8281 Melrose Avenue, Suite #201, Los Angeles, CA 90046 (323) 655-8348 WEBSITE: MyLAChiro.com E-Mail: drgillis@MyLAChiro.com

WELCOME TO OUR OFFICE

Welcome to the Chiropractic office of Dr. Steven M. Gillis. You have taken the first step in the process of better health.

FREQUENTLY ASKED QUESTIONS ABOUT CHROPRACTIC CARE

Q: What can I expect on my first visit?

A: First and foremost, you can expect to be treated with kindness and compassion at our offices at all times.

Dr. Gillis will ask you about your present health complaints and offer suggestions on possible treatment remedies.

A physical examination will be performed, which may include x-rays and other diagnostic procedures. In addition, a careful spinal examination will be performed to detect any structural abnormalities which may be affecting or causing your condition and to determine if an "adjustment" is necessary.

An "adjustment" means the specific manipulation of vertebrae (bones of spine), which have abnormal movement patterns or fail to function normally.

Q: Will it hurt?

A: Under normal circumstances adjustments don't hurt. Patients may experience a minor amount of discomfort during the adjustment, which lasts only seconds. Most patients have a sensation of relief.

Modern Chiropractic techniques are gentle enough for newborns and the elderly. Each adjustment is specific for the individual.

Q: Is it safe?

A: Adjustments or manipulations are extremely safe. The risk factor of complications is estimated to be approximately a million to 1.

Chiropractors have the lowest cost for malpractice insurance than any other health care provider. Chiropractors do not prescribe drugs or perform surgery that have much greater risks associated.

Q: How long does it take?

A: There are (3) main types of care. Relief care, correction care and maintenance care. Relief care approaches the symptoms (pain) and although effective, is usually temporary. This can take days to weeks. Correction care goes beyond relief care (symptoms) to correct the cause of the spinal malfunction. It takes longer (months) but is more permanent in results. Maintenance care is an approach to maintaining health with periodic spinal adjustments after correction and before a problem begins. Everyone has their own personal rate of response depending on many health factors. You will always have a choice in the type of care you choose.

INITIAL HEALTH STATUS

Email Address	_	
Patient Name		Sex M/F
Address	City	
Address	Patient Primary Language	
Occupation Employer	Work Phone	
Address City	State Zip _	
Subscriber Name Heal		
Subscriber ID # Group #	Spouse Name	
Spouse Employer City	State Zip _	
Primary Care Physician Name	PCP Phone	
MARK AN X ON THE PICTURE WHERE YOU HAD DESCRIBE YOUR CURRENT PROBLEM AND HOW IT BEGAN Headache Neck Pain Mid-back Pain Low Book Pother Headache Auto Related N/A Date Problem Began:	I: ack Pain	
How Problem Began:		1000
Current complaint (how you feel today): 0 1 2 3 4 5 6 7 8 9 No Pain Unbear	11//	
How often are your symptoms present?		
, ,	☐ 51 – 75% ☐ 76 – 100%	
In the past week, how much has your pain interfered with your daily ac	tivities (e.g., work, social activities, or hou	sehold chores?
Please check all of the following that apply to you: Recent Fever Diabetes High Blood Pressure Pr	AREA(S) OF COMPLAINT? No What areas were taken? ostate Problems enstrual Problems inary Problems	Yes
	urrently Pregnant, # weeks	
	onormal Weight	
	ain Unrelieved by Position or Rest	
	ain at Night	
	sual Disturbances	
	ırgeries	
Osteoporosis		
Epilepsy/Seizures	edications	
Other Health Problems (explain) Me	edications	
Family History: Cancer Diabetes	☐ High Blood Press	sure
=	oid Arthritis omplete and accurate. If the health p benefit through this provider, I unders this doctor immediately whenever I ha understand that my chiropractor or ny condition needs to be co-managed	lan information stand that I am ave changes in a clinical peer
Patient Signature	Date	
-		

DR. STEVEN M. GILLIS

CHIROPRACTOR

8281 Melrose Avenue, Suite #201, Los Angeles, CA 90046 Ph: (323) 655-8348 Fax: (323) 655-2959 WEBSITE: MyLAChiro.com E-Mail: DrGillis@MyLaChiro.com

FINANCIAL AGREEMENT

Insurance companies will quote your Chiropractic benefits but <u>will not guarantee</u> payment until your claim is reviewed. As a courtesy, we will help you verify your benefits, submit your claim and provide any necessary documentation needed to support the claim.

You are responsible for any deductibles, co-payments or denied services by your insurance company.

Since we are contracted with many insurance companies, we will accept the contracted rate for services provided.

However, we are not required to accept insurance company contracted rates in the event your treatment is related to a personal injury claim. Upon us being informed of a personal injury claim a lien will be issued for unpaid monies.

In the event that you do not have Chiropractic insurance coverage or we are unable to verify your coverage prior to your visit, the following fee schedule will apply and will be credited appropriately:

\$99 Initial Visit (including exam and treatment)
\$65 Established patient limited visit (non complex)
Extended/complex visits, supports and supplements are not included in this fee.

We respect your time and will do our best to honor your scheduled appointment time. In order to maintain this unique courtesy, we must charge for missed appointments and late cancellations.

\$30 for missed office visit or late cancellation (less than 3 hour notification).

\$70 for missed or late cancellation of 1 Hour Massage Therapy appointment (less than 8 hour notification).

Note: The late fee is not covered by insurance. It is your responsibility. Thank you for your courtesy and understanding of this agreement.			
I have read the above financial agreement and agree to the terms above.			
(Signature)	(Date)		
financialagreement.doc			

Steven M.Gillis, D.C. 8281 Melrose Ave. #201 Los Angeles, CA. 90046

Informed Consent to Care

You are the decision maker for your health care. Part of our role is to provide you with information to assist you in making informed choices. This process is often referred to as "informed consent" and involves your understanding and agreement regarding the care we recommend, the benefits and risks associated with the care, alternatives, and the potential effect on your health if you choose not to receive the care.

We may conduct some diagnostic or examination procedures if indicated. Any examinations or tests conducted will be carefully performed but may be uncomfortable.

Chiropractic care centrally involves what is known as a chiropractic adjustment. There may be additional supportive procedures or recommendations as well. When providing an adjustment, we use our hands or an instrument to reposition anatomical structures, such as vertebrae. Potential benefits of an adjustment include restoring normal joint motion, reducing swelling and inflammation in a joint, reducing pain in the joint, and improving neurological functioning and overall well-being.

It is important that you understand, as with all health care approaches, results are not guaranteed, and there is no promise to cure. As with all types of health care interventions, there are some risks to care, including, but not limited to: muscle spasms, aggravating and/or temporary increase in symptoms, lack of improvement of symptoms, burns and/or scarring from electrical stimulation and from hot or cold therapies, including but not limited to hot packs and ice, fractures (broken bones), disc injuries, strokes, dislocations, strains, and sprains. With respect to strokes, there is a rare but serious condition known as an "arterial dissection" that typically is caused by a tear in the inner layer of the artery that may cause the development of a thrombus (clot) with the potential to lead to a stroke. The best available scientific evidence supports the understanding that chiropractic adjustment does not cause a dissection in a normal, healthy artery. Disease processes, genetic disorders, medications, and vessel abnormalities may cause an artery to be more susceptible to dissection. Strokes caused by arterial dissections have been associated with over 72 everyday activities such as sneezing, driving, and playing tennis.

Arterial dissections occur in 3-4 of every 100,000 people whether they are receiving health care or not. Patients who experience this condition often, but not always, present to their medical doctor or chiropractor with neck pain and headache. Unfortunately a percentage of these patients will experience a stroke.

The reported association between chiropractic visits and stroke is exceedingly rare and is estimated to be related in one in one million to one in two million cervical adjustments. For comparison, the incidence of hospital admission attributed to aspirin use from major GI events of the entire (upper and lower) GI tract was 1219 events/ per one million persons/year and risk of death has been estimated as 104 per one million users.

It is also important that you understand there are treatment options available for your condition other than chiropractic procedures. Likely, you have tried many of these approaches already. These options may include, but are not limited to: self-administered care, over-the-counter pain relievers, physical measures and rest, medical care with prescription drugs, physical therapy, bracing, injections, and surgery. Lastly, you have the right to a second opinion and to secure other opinions about your circumstances and health care as you see fit.

I have read, or have had read to me, the above consent. I appreciate that it is not possible to consider every possible complication to care. I have also had an opportunity to ask questions about its content, and by signing below, I agree with the current or future recommendation to receive chiropractic care as is deemed appropriate for my circumstance. I intend this consent to cover the entire course of care from all providers in this office for my present condition and for any future condition(s) for which I seek chiropractic care from this office.

Patient Name:	Signature:	Date:
Parent or Guardian:	Signature:	Date:
Witness Name:	Signature:	Date: