



THE HEALTH RESTORATION SYSTEM

The **Health Restoration System** is a unique approach to achieving and maintaining optimal health .

Today in North America and the rest of the western world, the priority in health care is to help people after they are already sick. That is a backwards approach to health care, and it is why we are getting sicker and sicker. Recently a medical researcher stated it plainly, **“We are not living longer we are dying longer.”** In other words, we have the capacity to keep people alive for longer and longer durations, but the majority of these people do not have a good quality of life. They cannot do most of the things that would allow them to live fulfilling lives.

Wouldn’t it be great if we could work at staying healthy, instead of waiting to get sick? What if we could roll back the biological clock on the average person ? What if 50 really was the new 40? Or 60 was the new 50?

What if we could set up a system to allow you to do things at the age of 50, that you thought were impossible to do at the age of 40, or 30 for that matter?

That is exactly what the **Health Restoration System** is designed to do. We are here to help you live longer and healthier, not die longer!!

How does the **Health Restoration System** work?

1. DISCOVERY – HEALTH DANGERS

Unique questions will lead to new answers.

We will begin by looking at the current state of your health and wellness. In essence, how are you doing right now? We will also ask you some detailed questions about your **history** and your **family health history**.

It is important to understand that your current health problem started years ago and was multi-factorial in origin. The only exception would be an acute trauma like a car accident or severe sports injury. Even with acute traumas the extent of the injuries is most often dependent on your health before the accident. Your answers to the following questions offer up clues to what dangers your body is currently encountering and will give us a base line for comparison to future outcomes.

2. THE DISEASE CAUSATION ANALYSIS

We will explore which lifestyle factors are affecting your overall health and your ability to live fully alive. It is a well-known fact that 80% of the risk factors for the two most feared killers; heart disease and cancer, are lifestyle related. The same is true for the majority of chronic illnesses affecting patients today.

Lets get started in understanding your problem and finding a solution.

DISCOVERY - HEALTH DANGERS



In Line Family Chiropractic

920 Yonge St S,
PO Box 1030
Walkerton, ON
N0G 2V0

519-881-3443
www.ilfc.ca

PERSONAL INFORMATION

Name: _____

Address: _____

PO Box: _____

City: _____

Postal/Zip Code: _____

Phone #: _____

Cell or Home? _____

Age: _____

Birth date: (M) _____

(D) _____

(Y) _____

Gender: M _____ F _____ Alt _____

Workplace: _____

Office #: _____

Occupation: _____

Dating _____ Divorced _____ Common-Law (spouse's name): _____

Referred by: _____

Single Widowed Married (SPOUSE'S NAME): _____

of Children: _____

Names and their ages: _____

Email: _____

PREVIOUS TRAUMAS

MOTORIZED VEHICLE ACCIDENTS

Year: _____ Injuries: _____

Year: _____ Injuries: _____

Year: _____ Injuries: _____

High Speed Collisions >40km/h? Vehicles unrepairable?

Whiplash injury? Un-belted accident?

SPORTS & RECREATION:

Sports injuries: _____

Participation in High Impact Activities:

Hockey Wrestling Basketball

Running Mountain bike Climbing

Football Gymnastics _____

FALLS

Falls from heights _____

Falls down stairs _____

Other falls _____

Broken bones _____

Childhood falls _____

OCCUPATIONAL STRESSES

Occupation _____

Tasks _____

Work injuries _____

Home injuries _____

My job requires:

Heavy Lifting Awkward positions

Repetitive stresses Sitting long periods

Falls from:

Trees Roof Play structure Bicycle

POSTURES & HABITS

Sitting >6 hours/day Stomach sleeper

Head forward posture

BIRTH TRAUMA was your delivery

Difficult Forceps C-section

Epidural Suction Resuscitation

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WHAT IS YOUR PRESENT HEALTH CONCERN?

How long have you had this condition?

Have you had a similar condition in the past?

What activities aggravate your condition?

What relieves your condition?

Are you getting pain or numbness in your arms or legs?

Is your condition getting progressively worse?

Yes No It's constant It comes and goes

Pains are: Sharp Dull Burning

Tightness Throbbing

Pain severity (mark on the line, 0 no pain; 10 most severe)

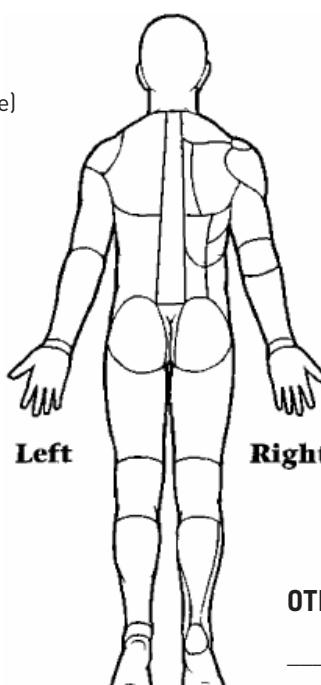
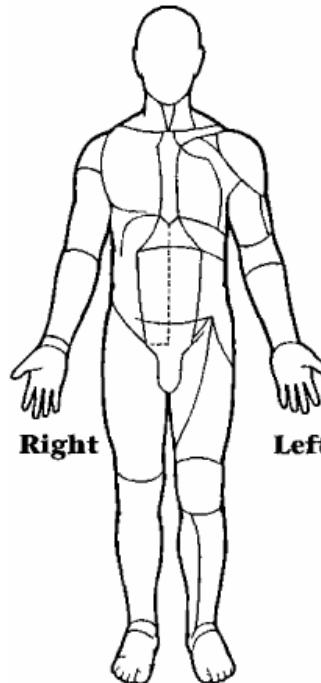
0 10

How is this condition interfering with your life?

Work Daily Routine _____

Other doctors) who treated this condition:

FAMILY HEALTH PROBLEMS?



MARK WITH AN X ON THE DIAGRAM ANY PAST OR PRESENT PAIN OR PROBLEMS AND CHECK THE APPROPRIATE CIRCLE BELOW:

Headaches Facial pain

Vision problems Hearing problems

Shoulder: Pain / Numbness / Tingling (circle)

Arm: Pain / Numbness / Tingling (circle)

Hand: Pain / Numbness / Tingling (circle)

Hip: Pain / Numbness / Tingling (circle)

Knee: Pain / Numbness / Tingling (circle)

Foot: Pain / Numbness / Tingling (circle)

Neck Pain

Upper Back Pain

Middle Back Pain

Low Back Pain

Sacroiliac Pain

OTHER HEALTH PROBLEMS?

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PLEASE CHECK ANY OF THE FOLLOWING SIGNS OF ORGAN MALFUNCTION OR DIS-EASE YOU HAVE EXPERIENCED:

- Blurred /failing vision
- Deafness /ringing in ears
- Earaches
- Sore throat /tonsilitis
- Thyroid problems
- Sinus problems

Cardiovascular system

- Chest Pain
- Shortness of Breath
- Heart Medication
- High Blood Pressure Medication
- High Cholesterol Medication
- Swelling of Legs

Respiratory system

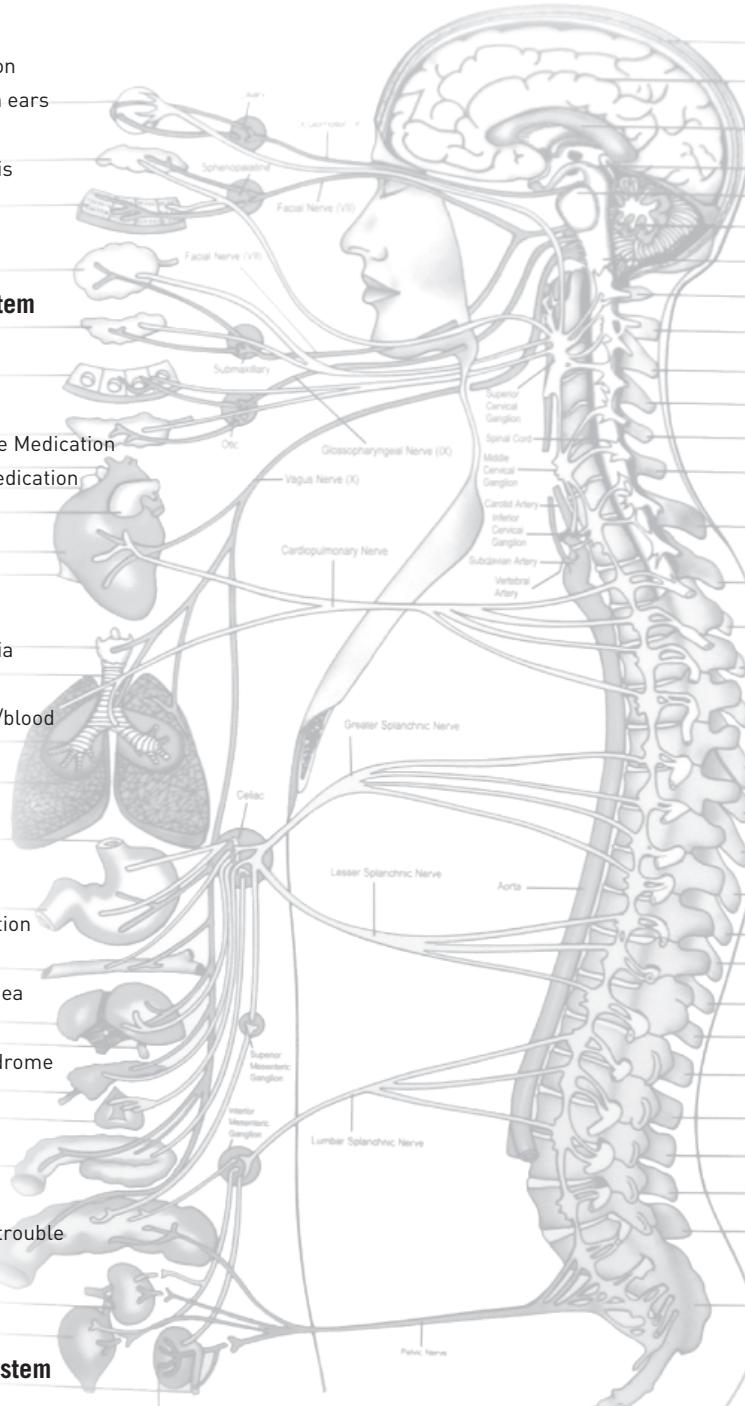
- Frequent bronchitis
- History of pneumonia
- Chronic cough
- Spitting up phlegm /blood
- Difficulty breathing
- Tuberculosis
- Pneumonia

Digestive system

- Heartburn / indigestion
- Stomach Cramps
- Constipation /diarrhea
- Food Allergy
- Irritable Bowel Syndrome
- Crohn's Disease
- Ulcers
- Belching /gas
- Nausea or vomiting
- Liver /gall bladder trouble
- Colon trouble
- Black /bloody stool

Musculoskeletal system

- Painful Joints
- Painful Muscles
- Tendinitis
- Bursitis
- Arthritis



General Symptoms

- Fever / chills / sweats
- Frequent colds
- Fainting / dizziness
- Seizures / convulsions
- Headaches /migraine
- Neck pain /stiffness
- Tension across shoulders, L R
- Mid-back pain /stiffness
- Numbness /tingling: hands /arms

General Symptoms

- Skin problems
- Tremors
- Loss of balance
- Unexplained weight loss/gain
- Anemia
- Alcoholism
- HIV/AIDS
- Loss of sleep
- Poor memory /concentration
- Learning disability
- Irritable /nervous /tension
- Depression /emotional problems
- Decreased energy / fatigue
- Tired /lethargic
- Autoimmune Disease
- Antibiotic Use
- Cancer: _____
- Allergies / Asthma
- Scoliosis / spinal curvature
- Low back pain / stiffness
- Faulty posture
- Painful tailbone
- Foot trouble, L R

Females Only

- Painful menstruation
- Cramps or backaches
- Passed menopause
- Currently pregnant? Y N
- Excessive /irregular flow
- Abnormal discharge
- Miscarriages #_____
- Date of last menstrual period: _____

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PERSONAL INFORMATION

How has your condition affected your quality of life? _____

How has your condition affected you emotionally? _____

How has your condition affected your family life and/or relationships? _____

If left uncorrected, how do you see your condition affecting your life over the next 1-5 years? _____

If you are a candidate for spinal reconstruction and if we were having this conversation 12 months from today, what has to happen over that time to make you feel happy with your progress? _____

What is your greatest motivation (other than pain) for seeking out a solution for your condition?
(Mobility, quality of life, family, participation in sports, etc.) _____

Do you believe that this condition can improve? _____

DISEASE CAUSATION ANALYSIS



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EXERCISE

Do you participate in aerobic exercise at least 30 minutes per day?

0 days /week 1-2 days /week
 3-4 days /week 5-7 days /week

Do you lift weights or do resistance training?

P90x
 Crossfit
 Gym
 Other _____

What activities are you involved in that require balance?

_____ None

How often do you stretch per week?

0 days /week 1-2 days /week
 3-4 days /week 5-7 days /week

EMOTIONAL STRESS

Are you currently experiencing, or have you ever experienced significant stress in the following areas?

Marriage _____
 Kids _____
 Finances _____
 Work _____
 Elderly Parents - Caregiver _____
 Recent Major Life Events (births, deaths) _____

FAMILY HEALTH HISTORY

What significant health concerns have your family members experienced?

Parents / Siblings: _____

Spouse / Partner: _____

Children: _____

CHEMICAL STRESSES: NUTRITION

Do you feel that you make healthy food choices?

Yes No Don't Know

Do you have a high intake of fruits and vegetables?

Yes No Don't Know

Do you have a high intake of lean meat for protein?

Yes No Don't Know

Are you at your ideal body weight?

Yes No Don't Know

CHEMICAL STRESSES: TOXIC LOAD

Do you presently, or have in the past:

Smoke? Carry excessive weight?
 Consume Alcohol? Take recreational drugs?

MEDICATIONS

For what condition(s)? _____

SURGERIES

For what condition(s)? List (year performed) _____

Any other details that may assist the Doctor in understanding your lifestyle and health status: _____



2026 Office Fee Schedule and Financial Policy

<u>Service</u>	<u>Adult</u>	<u>Child/Student</u>
Consultation	N/C	N/C
Initial Exam	\$100	\$50
X-ray Imaging	\$25-\$100	\$25-\$100
Adjustment	\$55	\$35
Initial ABC Treatment (New Patient)	\$140	\$140
Initial ABC Treatment (Existing Patient)	\$110	\$110
ABC Adjustment	\$65	\$60
Dynamic, Mid-Year, Year-End Exams	\$30	\$30
Progress exam	\$25	\$25
Low Volt Therapy	\$2.50/minute	\$2.50/minute
Initial Exam Laser/Low Volt Therapy	\$50	\$30
Laser Therapy	\$45	\$45
Ion Cleanse	\$40	\$40
Traction class	\$20	\$20
Traction units	\$45-95	\$45-95
Pro-Lordotic	\$50	\$50
In-House Traction	\$35/15 minutes	
Orthotics: One Pair - \$550.00	Two Pair - \$825.00	
FHP Collar		\$475

January 1st of each year there will be an annual cost of living increase in the fees rounded to the closest dollar.

There is a \$30.00 minimum fee for the reproduction and/or forwarding of a file to another practitioner.

Financial Policy and Chiropractic Adjustment 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. **You will be expected to pay for your chiropractic care at the time the service is rendered unless you arrange an Adjustment Plan in advance.** Adjustment Plans are designed to be the most cost-effective way to keep you and your family as healthy as possible, and include your Corrective care recommendations. Details of your plan will be discussed with you during your Report of Findings.

- Benefits/Insurance:** If you have insurance that covers chiropractic, we will gladly give you receipts to get reimbursed quickly. If needed for insurance claims, we can email you a monthly statement. Your agreement with your insurance company is between you and them. Income tax statements are provided annually in February.

If a special situation arises, such as an auto accident or a worker's compensation injury and you choose to utilize that coverage, a new examination will need to be performed and you will be charged our regular office fees until such claim is settled. We will help you get reimbursed quickly on these claims. Depending on the situation, we may bill the insurance company directly. Once the claim is complete, your adjustment plan will be re-activated.

I have read and I understand the above policies.

Patient Signature

Date