



SUNRISE
FUNCTIONAL MEDICINE

*Health Education Consulting Practice of
Kurt N. Woeller, DO & Dr. Tracy Tranchitella, ND*

Welcome!

Thank you for choosing the health education consulting practice of Kurt N. Woeller, DO and Tracy Tranchitella, ND. We are dedicated to making your experience a most satisfying one. Each doctor will work hard to provide you and/or your child with health information suggestions and recommendations that are specifically tailored to your situation.

The information enclosed in this packet is necessary for us to complete your file and for our participation in your health education. You are encouraged to keep copies of these documents for your records.

NOTE: The following forms must be completed, signed, and received by our office **prior** to scheduling a consultation. You can fax, mail, or email these forms to the address or fax number below. Our preference is to receive your documents via email.

750 NW Charbonneau Street, Suite 201, Bend, OR. 97703

Phone: 951-461-4800 Fax 951-461-4560

email: SCMedicalCenter@gmail.com

1. **Contact Form**
2. **Informed Consent Form** (return).
3. **Health History Questionnaire** (return).
4. **Arbitration Agreement** (return).
5. **Practice Policies & Procedures** (return).
6. **Payment Authorization Form** (return).

During your consultations, it is best to have another adult care for your child (even if the consult is regarding that child) so you can focus and the consult is uninterrupted.

If you have recent medical and laboratory reports, please provide them to our office at least 48 hours prior to your consultation. This provides us enough time upload the files and for the doctor's review prior to your appointment.

Please don't hesitate to contact us should you have any questions. We look forward to assisting you.