

Patient name: _____ DOB: _____

Current weight: _____lb

Goal weight: _____lb

Have you taken any of the below in the past?
(please circle)

semaglutide Ozempic Wegovy

tirzepatide Mounjaro

If yes, how much weight
did you lose?

_____lb

Please list all medications and supplements you are currently taking:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please list any medication allergies:

_____	_____
_____	_____

Please check if you have a personal or family history of any of the following:

- Multiple Endocrine Neoplasia Syndrome type 2
- Thyroid Medullary Carcinoma
- Pancreatitis

Patient Information

Last name: _____ First name: _____ M.I. _____

Date of birth: ____/____/____ Age: _____ Sex at birth: Male Female

Address: _____
street name apt/bldg #

_____ city state zip code

Preferred phone #: (____) _____-_____

May we leave a message containing your health information at this number? Yes No

Email address: _____

Who referred you to us? _____

Emergency contact: _____ Phone #: (____) _____-_____

Please initial to confirm the following:

_____ I have reviewed a copy of the interveneMD Notice of Privacy Practices.

_____ I hereby designate _____ as my personal representative for purposes of all rights, obligations and responsibilities created under the HIPAA Privacy Rules. I acknowledge and agree that interveneMD may disclose my protected health information to my personal representative and that my personal representative has the authority to authorize the practice to use and disclose my protected health information.

_____ I understand that this service is self-pay and my insurance information will not be collected or billed for office visits regarding weight loss consultation/follow-up or weight loss therapy.

_____ I give consent to Dr. Todd Joye, Jen Pedersen, PA-C, Deborah Manke, HNP and interveneMD staff to provide medical care including consultation, examination, InBody scanning and treatment to me as is deemed appropriate. I acknowledge that no guarantees of effectiveness are expressed or implied, that I have the right to decide the extent of my care, and that I may refuse or terminate treatment at any time.

signature

date

Patient Demographics
as required by the federal government

Patient name: _____ DOB: _____

Please circle your race:

Native American White African American or Black Asian
Native Hawaiian/Pacific Islander Prefer not to specify

Please circle your ethnicity:

Hispanic or Latino Not Hispanic or Latino Prefer not to specify

Please circle your sex at birth:

Male Female

Please circle or provide your gender:

Male Female other: _____

Please circle your smoking status:

never smoked current daily smoker current occasional smoker previous smoker

Please circle your marital status:

Single Married Separated Divorced Widowed Domestic Partner

signature

date

Policies and Procedures

Our first priority will always be providing reliable, quality healthcare to all patients in a timely manner. No-shows, late changes/cancellations, and late arrivals hinder our ability to fulfill this priority.

Please note the following office policies:

1. Patients arriving >10 minutes late to their appointment will be rescheduled.
2. All late reschedules, late cancellations or no-shows will result in an automated \$100 fee. Late is considered less than 24 hours prior. If your appointment is at 9am, you must cancel by 9am the day before to avoid the late cancellation fee. Future appointments will not be scheduled until this payment is collected.
3. Payments and co-payments will be collected prior to service.
4. A \$30 form fee will be charged for any forms requiring your provider's signature occurring outside of a scheduled appointment.
5. There is a \$25 fee for prescription refill requests made between appointments. Please note: we will not provide prescriptions for pain medications without an appointment.
6. It is your responsibility to notify staff of any address, phone or insurance changes prior to your appointment.
7. Due to HIPAA privacy policies, all communication must be with the patient only, unless the patient signs a formal release of information to a designee.
8. Our office will do our best to obtain proper authorization from your insurance for your intended visit or procedure, however it remains your responsibility to ensure this authorization has been obtained prior to services rendered. Treatment without the necessary referral or authorization will result in denial of payment by your insurance company, placing full financial responsibility onto you.

If you need to cancel or change your appointment for any reason, please call us between the hours of 9am and 5pm Monday – Friday at (843) 216-4844 ext. 1 and we will be happy to assist you.

I have read and understand the above policy. I agree to pay any applicable fees as stated above.

print name of patient or responsible party

signature of patient or responsible party

date

Help Us Help You!

As we continue to expand our offerings, your wellness toolbox grows!

During your visit today, what would you like to learn more about?

- Peptide therapy for weight loss (generic Ozempic/Wegovy or Mounjaro)
- Peptide therapy for brain fog, improved skin, tendon, muscle, & ligament healing
- Pentosan injections for osteoarthritis with potential to reverse, stop or delay disease progression
- EmsculptNeo: body sculpting for an average of 25% muscle gain and 30% fat loss utilizing radiofrequency and HIFEM
- Emsella: an FDA approved treatment for incontinence and strengthening the pelvic floor
- EmFace: a 20 min treatment to naturally lift the resting muscle tone of the face and better define the jawline without needles or downtime
- EXION: a face and/or body applicator uses targeted ultrasound and radiofrequency to boost hyaluronic acid production by 224% in the treatment area, resulting in new collagen and elastin fibers to tighten, tone, and smooth
- Vasper: a 21 min low-impact, high endurance workout equivalent to up to 2 hours of traditional exercise
- IV infusion therapy for increased energy, longer-lasting pain relief, increased athletic performance and graceful aging
- Prodrome blood testing: discover your body's biochemical deficiencies for better cell functioning and disease management/prevention
- PRP/HGH prolotherapy: an alternative to steroid injections for sports injuries, spinal pain, joint dysfunction, and decreased mobility
- Alzheimer's disease risk mitigation therapy
- Supplement knowledge to better your quality of life
- Shockwave therapy as a non-invasive alternative treatment for joint and tendon pain
- Dutch Test: the most advanced hormone test for sex and adrenal hormones
- Genova Diagnostics Stool Test for optimized gut health
- Aesthetics with Kristen Drenga, CRNA