

**THE BODY WORKS CLINIC**  
424 West Mill Street  
Cannon Falls, MN 55009  
Dr. Fiona Demel D.C.  
507-263-2393

**Personal Information**

Name: \_\_\_\_\_  
(first, middle, last)

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female      Date of Birth: \_\_\_\_\_

Primary Parent/Guardian: \_\_\_\_\_      Relationship to Patient: \_\_\_\_\_

Primary Contact Phone #: \_\_\_\_\_      Email: \_\_\_\_\_

Secondary Parent/Guardian: \_\_\_\_\_      Relationship to Patient: \_\_\_\_\_

Secondary Contact Phone #: \_\_\_\_\_      Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Primary Clinic: \_\_\_\_\_

**Please indicate the following regarding appointment reminders.**

Primary phone:	Y	N
Send text reminders:	Y	N
Ok to email billing statement:	Y	N

\*(please refer to the Patient Privacy Notice for details)



## Medications and Supplements

(If you have a list of medications with you, we'll gladly make a copy instead of filling in the chart. Please attach a separate sheet if necessary.)

Medications	Strength	Frequency
Supplements	Strength	Frequency

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

## Medical History

	Yes	No	Please describe and includes dates if applicable
Illness During Pregnancy			
Medications During Pregnancy			
Full Term Birth?			
Pre-Term? How many weeks?			
Labor-Spontaneous			
Labor-Induced			
Total Labor Time			
Birth-Vaginal			
Birth-C-Section			
Difficult/Long Push Phase?			
Nursed? How Long?			
Feeding Problems?			
Constipation?			
Colic?			
Sleeping Problems?			
Allergies?			
Frequent Ear Infections?			
How many antibiotics in the first 2 years?			
Chicken Pox?			
Rotavirus?			
Pneumonia?			
Skin Problems?			
Breathing Problems?			
Asthma?			
Heart Problems?			
Kidney or Bladder Problems?			

Blood Disease?			
Child in Daycare?			Full time      Part Time
Delayed Milestones? Rolling over, Crawling, Walking, or Speech?			
Physical Disability?			
Learning Disability?			
Autism Spectrum Disorder?			
Immunizations			Declined      Modified Schedule      Full Schedule
Significant Family History			
Tobacco Use in Home			Smoking      Chewing Tobacco      Vaping
Other			

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**TREATMENT OF MINOR CHILD**

**I am the Parent/Legal Guardian of the above patient and I authorize evaluation and treatment.**

**Patients Name:** \_\_\_\_\_ **Signature of Parent/Legal Guardian:** \_\_\_\_\_

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**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
or

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Electronic Signature-**

**TERMS OF ACCEPTANCE AND SIGNATURE**

**I, the Patient warrant the truthfulness of the information provided in these Intake Forms and accept all terms in this Agreement.**

**Electronic Signature\***

\_\_\_\_\_  
Please type your First and Last Name

\_\_\_\_\_  
Date

**I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.**

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Dr. Fiona Demel, D.C.  
424 Mill Street West, Cannon Falls, MN 55009  
507-263-2393  
Bwclinic.com

**FINANCIAL AGREEMENT**

Please understand that the contractual relationship is ultimately between a patient and their insurance company. The Body Works Clinic will do its best to obtain detailed benefits information and file claims promptly and accurately in accordance with the terms of the provider contract of the health plans for which we are network providers. However, the patient is ultimately responsible for the health care expenses incurred. There are some issues with health plans, such as administrative errors, delays, contract exclusions and limitations over which our clinic has no control.

**Blue Cross Blue Shield:** We are providers for BCBS at all network levels. Some plans do not cover certain services such as therapies, non-spinal conditions, and orthotics. Blue Cross does not cover maintenance visits which include chronic, ongoing conditions, or non-musculoskeletal problems, and most acupuncture is not covered.

**Medicare:** For the traditional Medicare Part B plan coverage of chiropractic treatments are limited to the spine for conditions that are acute or likely to recover. **The following services are not covered: adjustments for chronic, permanent conditions, initial evaluations (\$60.00), re-evaluations (\$50.00), and all therapies including acupuncture.** Medicare Part C plans follow the same guidelines as traditional Medicare. Note: You will be informed and asked to sign an Advance Beneficiary Notice form before receiving chiropractic adjustments that are no longer covered under the active care rule.

**Medical Assistance:** MA plans including the State of MN, BCBS, Health Partners, and UCare will cover spinal adjustments and one examination per year. Acupuncture is covered by some plans and is subject to certain restrictions as determined by the Minnesota Department of Health. Other therapies, modalities, orthotics, and supplies are not covered. Care for chronic or ongoing conditions is not covered. Coverage is limited to 12 visits per year, visits beyond 12 are subject to preauthorization. There are strict limitations on care rendered for children: coverage is provided for 30 days and neuromusculoskeletal complaints only. **Please note that we are not a Provider for the County Based South Country MA Plan.**

**Medica and United Health Care:** We are providers of these health plans through their review company Optum Health. Some plans do not cover certain services such as therapies, acupuncture, non-spinal conditions, and orthotics. All Optum contracted plans have exclusions for certain types of care: chronic conditions requiring ongoing care, non-musculoskeletal complaints, maintenance, wellness, and preventive chiropractic care. **Please note that we are not in network with Mayo Medical Plan by Medica.**

**HealthPartners, U-care, Cigna, and Preferred One:** We are providers for these health plans through their review company Fulcrum Health. Some plans require pre-authorizations which will require a form to be filled out by the patient and submitted by the provider to receive coverage. Some plans do not cover certain services such as therapies, acupuncture, non-spinal conditions, and orthotics. All Fulcrum plans have extremely strict guidelines and many exclusions for certain types of care: chronic or ongoing conditions, non-musculoskeletal problems, maintenance, wellness care, or preventative care.

**Direct Discount Option:** Any patient can select this option for a variety of reasons (no insurance, limitations of coverage, high deductibles, co-pays, or do not wish to bill insurance). Under the direct discount option, services must be paid for at the time they are received, all office visits will be recorded under wellness codes, and no insurance is billed. You can ask for an itemized receipt if you need to turn in the charges to your HSA. **Please note we cannot retroactively bill insurance for services rendered under the Direct Discount Option.** However, you may decide to start billing your insurance at any time.

**Discounts**

- \$75.00 for initial evaluation (\$30.00 discount)
- \$53.00 re-evaluation fee (\$10.00 discount)
- \$64.00 per office visit (\$12.00 discount)
- \$90.00 per expanded office visit (\$25.00 discount)
- \$45.00 for acupuncture in conjunction with chiropractic office visit (\$11.00 discount)
- \$64.00 for acupuncture without chiropractic (\$10.00 discount)

If you would like to choose this option, please sign down below.

Patient: \_\_\_\_\_

**Auto Insurance:** If a motor vehicle accident occurs in Minnesota, or if your car insurance is issued in Minnesota, your medical expenses will be paid by your insurance company regardless of who is at fault. Please provide the staff with your claim number, claim address, and insurance adjuster along with phone number.

**Personal Injury Claims:** If a slip and fall or other personal injury claim is filed, claims can be billed to liability insurance companies with the claim number and information you provide. Patients are responsible for health care expenses if the claim is denied, and in some cases health insurance may be billed.

**Workers' Compensation:** Under Minnesota law, you are eligible for Workers' Compensation coverage if you can prove that you were injured at work. You will need to fill out a First Report of Injury with your employer and the insurance must accept liability. You are allowed to choose your primary treating health care provider (although your employer has the right to get an opinion from their doctor as well). Once you have started treating with a provider, you cannot change without authorization from the insurance company or without a referral from your treating provider. Chiropractic care is limited to 12 weeks.

**Nutritional Consults/EDS Consultations:** A 15-minute consultation is \$35.00, and a 30-minute consultation is \$50.00. A 30-minute EDS Consultation is \$45.00. We are unable to bill insurance for consultations.

**Orthotics:** Per your request we can bill insurance for your orthotics. For the sake of durable medical equipment such as orthotics, the office will not take the fee schedule reduction listed on your explanation of benefits, and the patient will be responsible for the price difference between the insurance payment and the full cost of the orthotics. The orthotics range in price from \$160.00 to \$260.00. Your maximum out of pocket will be \$260.00.

**Billing Statements:** You have the option of us mailing or emailing your monthly statements to you. If you choose to have them emailed to you, please review the email section of our \*Privacy Policy.

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I have read and understood the financial agreement of the Body Works Clinic. I hereby authorize payment of medical benefits to the physician for services rendered.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Or Parent/Guardian of minor)

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## **Patient Privacy Policy, Acknowledgement and Consent Health Information Privacy Practices Act (HIPAA)**

This notice is intended to inform you of the Body Works Clinic policies and practices regarding your personal medical records. Specifically, it details the ways in which your medical records may or may not be disclosed to third parties. This is a summary of our full "Notice of Patient Privacy Policy". A copy will be provided to you upon request.

### **Permitted disclosures:**

Under certain circumstances, medical information may be disclosed without obtaining your authorization:

- 1) Providing treatment and coordinating care with other health care providers.** For example, if we refer you to another healthcare provider, we will need to forward some of your medical records.
- 2) Insurance processing.** Some health plans will review your records to determine eligibility and payment.
- 3) Emergency situations.** When it may not be possible to safely delay care until an authorization has been obtained.
- 4) Under certain circumstances required by law.** State and/or federal agencies can have access to your records such as The Minnesota Department of Health, CDC, NIH, FDA, Department of Justice, NSI, Minnesota Workers' Compensation, etc.

Any other use or disclosure other than the above permitted disclosures can only be made with your written authorization, including re-disclosure of psychotherapy notes on file, use for marketing and fundraising purposes.

### **Email:**

- 1)** In the event of an email exchange between you and the Body Works Clinic, the information that is sent can be secured by using text verification in Gmail Confidential or password protection in Microsoft Word, however the information is not encrypted. This means a third party may still be able to intercept and read the information while it is being transmitted over the internet.
- 2)** Email is a very popular and convenient way to communicate for a lot of people. As a result, the Federal Government has provided new guidance on the issue of email and HIPAA compliance in their latest modification to HIPAA.
- 3)** The information is available in a pdf (page 5634) on the U.S. Department of Health and Human Services website-<http://www.gpo.gov/fdsys/pkg/FR-2013-01-25/pdf/2013-01073.pdf>.
- 4)** The guidelines state that if a patient has been made aware of the risks of unencrypted email, and that same patient provides consent to receive health information via email, then a health entity may send that patient personal medical information via unencrypted email. By initiating contact or requesting contact via email, you are consenting to the small but inherent risk of an email security breach.



\_\_\_\_\_ **Option 1- ALLOW UNENCRYPTED EMAIL**

I understand the risks of emailing personal information. The Body Works Clinic does not use your email for marketing purposes, and you will be aware if we email information to you. (Please note this is not consent for emailing billing statements.)

Email Address: \_\_\_\_\_

\_\_\_\_\_ **Option 2- DO NOT ALLOW UNENCRYPTED EMAIL**

I do not wish to receive any communication via email.

**You also have the following rights:**

- Review and inspect your medical records.** There is a nominal cost associated with providing you with copies of your records, either in paper or electronic format.
  - Request in writing that your medical records be amended if you feel they are incorrect.**  
The office has 60 days to accept or deny your request in writing.
  - Receive a log of the disclosure of your records.**
  - Revoke or restrict any authorizations previously made.**
  - Receive automatic notification of any breach of your PHI.**
  - Lodge a complaint to appropriate authorities if you feel that your privacy rights have been violated without fear of retaliation.**
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**I have read, understood, and acknowledged the Body Works Clinic Patient Privacy Policy and consent to use according to the terms above.**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Informed Consent for Diagnosis and Treatment**

I hereby give my consent to the performance of diagnostic tests and procedures and chiropractic/acupuncture treatment or management of my condition(s).

Chiropractic treatment or management of conditions almost always includes chiropractic adjustments, a specific type of joint manipulation. Like most health care procedures, chiropractic adjustments come with some risks. Unlike many such procedures, the serious risks associated with chiropractic adjustments are extremely rare. Part of your history as well as the review of your medical condition and medications is to look for potential risks of significant reactions that require modification of your chiropractic treatment plan. For that reason, it is extremely important that you carefully fill out your intake forms, update forms, and thoroughly answer questions about past medical history and other medical conditions and medications. Following are the known risks, listed from the most common to the least:

**Temporary soreness or an increase of symptoms or pain.** It is not uncommon for patients to experience temporary soreness or increased symptoms or pain after the first few treatments. Although this is benign, you should still report it to your chiropractor.

**Light bruising or skin redness/rash.** These types of symptoms are common with deep soft tissue therapy, instrument -assisted soft tissue therapy, and myofascial release type therapy. They are benign, self-resolving and not a cause for concern. Patients on anticoagulant therapy or with other increased bleeding risk will experience those more often, and sometimes will require a lighter form of soft tissue therapy.

**Dizziness, nausea, flushing.** These symptoms are relatively rare and almost always benign. It is important to notify the doctor if you experience these symptoms during or after your care.

**Fractures.** When patients have underlying conditions that weaken bones, like osteoporosis, they may be susceptible to fracture. It is important to notify your doctor if you have been diagnosed with a bone weakening disease or condition. If your doctor detects any such condition while you are under care, you will be informed, and your treatment plan will be modified to minimize risk of fracture. Osteoporosis will NOT usually disqualify you from receiving chiropractic care.

**Disc herniation or prolapse.** Spinal disc conditions like bulges or herniations may worsen spontaneously or with any kind of care, including chiropractic care. It is important to notify your doctor if symptoms change or worsen. A temporary increase in arm or leg pain during the initial treatment of disc conditions can be normal and not a sign of worsening herniation.

**Stroke.** A certain rare type of stroke has been associated with chiropractic adjustment of the neck. These strokes, which may result in serious neurological complications including paralysis and death, are extremely rare. Estimates of the risk of these strokes occurring range from 1 in 400,000 to 1 in 5.85 million neck adjustments. Patients are always monitored for this reaction so that emergency care may be provided and minimize neurological residuals.

Patients receiving **acupuncture therapy**: Acupuncture therapy is generally considered extremely safe. Potential risks include benign bruising and temporary bleeding. Rare but possible serious side effects include nerve irritation or nerve damage from accidental contact during deep needling, infections, and lung collapse.

Patients always have the decision-making power to consent to or refuse a proposed treatment plan after they have been given proper information about the risks versus benefits of such proposed treatment, and after they have considered the risks of alternative treatments as well as the risks of no treatment at all.

I have read or had read to me this informed consent document. *I have discussed or been given the opportunity to discuss any questions or concerns with my doctor and have had these answered to my satisfaction **prior to my signing this informed consent document.*** I have made my decision voluntarily and freely.

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

Based on my personal observation and the patient's history and physical exam, I conclude that throughout the informed consent process the patient was:

- Of legal age
- Consent give through Guardian
- Oriented x3
- On prescription or OTC medication but unimpaired
- Fluent in English
- Assisted by a translator or interpreter
- Resolute in denying alcohol or recreational drug use prior to consent

\_\_\_\_\_, D.C.  
Signature of Doctor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Translator or Interpreter,  
If applicable.