

TRINITY *Integrative* MEDICINE, P.A.

DR. BERNARDA ZENKER, M.D.

5123 W. 98TH, #1272 BLOOMINGTON, MN 55437 • TEL 952.465.3883 • FAX 952.465.3885

NEW CLIENT REGISTRATION

Accepted forms of payment: Cash, Check, Visa, MC

Patient # _____

PATIENT INFORMATION	Name Last		Middle	First		Preferred/Nickname	
	Maiden Name		Social Security Number		Prefix (Circle One) Miss Mrs. Ms		Date of Birth
	Marital Status (Circle One) S M W Sep. D	Gender M F	Primary Language		Interpreter Required Yes No		Preferred Interpreter
	Address			City		State	Zip
	Home Phone		Work Phone		Cell Phone		Preferred # (Circle One) Home Work Cell
	Pharmacy: Name		Location			Phone Number	
	E-Mail			Referred by			
	Employer			Person Responsible for this Account			
	Spouse/Partner's Name			Primary Care Physician and Phone Number			
	Emergency Contact Name		Relationship to Patient			Emergency Contact Phone #	

- ☐ I give Trinity Integrative Medicine permission to leave messages at the following phone number(s): Cell phone _____
home _____, other _____

Name _____ Date _____ Signature _____

Parent/Guardian Signature _____

- ☐ I give Trinity Integrative Medicine permission to send information via encrypted email to this email: _____. Email methods of communication are only encrypted when Dr. Zenker/Trinity Integrative Medicine are sending emails to you. Emails sent to info@trinityintegrativemedicine.com are not fully secure since they do not meet the security requirements set forth by the Health Insurance Portability and Accountability Act (HIPPA). Phone and fax are considered more secure and can be used to communicate Dr. Zenker securely.

Name _____ Date _____ Signature _____

I hereby authorize Trinity Integrative Medicine, P.A. to furnish referring physicians concerning my illness and treatment. I acknowledge that I should share all information provided by Dr. Zenker with my primary care physician.

Signature _____

Parent/Guardian Signature _____

Date _____

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NEW CLIENT MEDICAL HISTORY

Name: _____

Today's Date: _____

What brings you here today? _____

Date of Birth: _____

HISTORY OF PRESENT ILLNESS

Current Health Concerns: How long have you been ill? Describe your discomfort and level of severity. What makes you feel better or worse? Treatments you have tried. (Use back of page if necessary)

PAST MEDICAL HISTORY

Current Prescription Medications:

Have you ever had an adverse reaction to a medication?

Yes __, No __ If Yes, please describe: _____

Drug Allergies: (Name of drug and type of reaction)

Current Supplements: (Name of supplement and dosage)

Past Surgeries and dates:

Past Illnesses: (Include date of onset)

HEALTH HABITS

Do you currently use Tobacco? Yes __ No __

How many packs per day? __ Total years smoked? __

What is your Alcohol Consumption? per day __,
per week __, per month __, per year __

Immunizations:

__ Tetanus (Date: __) __ MMR (Date: __)
__ Pneumonia (Date: __) __ Varicella (Date: __)
__ Shingles (Date: __) __ Flu (Date: __)
__ Pertussis (Date: __)

Food Allergies:

SOCIAL HISTORY

Highest level of Education completed? __ List Special Training or Advanced Degrees? __

Where do you find Emotional Support? Spouse __, Friends __, Family __, Children __, Neighbors __, Other __

What do you do for Fun? _____

What are your Hobbies / Special Interests: _____

Health Goals: _____

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(NEW CLIENT MEDICAL HISTORY, page 2) Patient Name _____ Date _____

Family History:

Father: Age _____ Illnesses _____ Died at age _____ of _____

Mother: Age _____ Illnesses _____ Died at age _____ of _____

Please Check Any Symptoms Present In The Last Month:

General:

- ___ weight change
- ___ generally healthy
- ___ change in strength or exercise tolerance.

Head:

- ___ headaches
- ___ vertigo
- ___ injury

Eyes:

- ___ vision
- ___ diplopia (double vision)
- ___ tearing
- ___ scotomata (partial loss of vision)
- ___ pain

Ears:

- ___ change in hearing
- ___ tinnitus (ears ringing)
- ___ bleeding
- ___ vertigo

Nose:

- ___ epistaxis (nosebleeds)
- ___ coryza (mucous membrane inflammation)
- ___ obstruction
- ___ discharge

Mouth:

- ___ dental difficulties
- ___ gingival bleeding
- ___ use of dentures

Neck:

- ___ stiffness
- ___ pain
- ___ tenderness
- ___ noted masses

Breast:

- ___ noted lumps
- ___ tenderness
- ___ swelling
- ___ nipple discharge

Chest:

- ___ dyspnea (shortness of breath)
- ___ wheezing
- ___ hemoptysis (coughing up blood)
- ___ cough

Heart:

- ___ chest pains
- ___ palpitations
- ___ syncope (fainting)
- ___ orthopnea (breathlessness)
- ___ swelling ankles

Abdomen:

- ___ change in appetite
- ___ dysphagia (difficulty swallowing)
- ___ abdominal pains
- ___ bowel habit changes
- ___ emesis (vomiting)
- ___ melena (bloody stools)
- ___ constipation
- ___ diarrhea
- ___ gas/bloating

Genital/Urinary:

- ___ urinary urgency
- ___ dysuria (painful urination)
- ___ change in nature of urine
- ___ urinate at night/ _____ times

Gynecological:

- ___ change in menses
- ___ dysmenorrhea (painful menstruation)
- ___ vaginal discharge
- ___ pelvic pain

Musculoskeletal:

- ___ pain in muscles or joints
- ___ limitation of range of motion
- ___ paresthesia or numbness

Neurologic:

- ___ weakness
- ___ tremor
- ___ seizures
- ___ changes in mentation
- ___ ataxia (lack of muscle control)
- ___ problems w/attention
- ___ problems with concentration
- ___ problems with memory
- ___ tingling in fingers/toes

Psychiatric:

- ___ depressive symptoms
- ___ changes in sleep habits
- ___ difficulty falling asleep
- ___ difficulty staying asleep
- ___ tired all day
- ___ changes in thought content

Mental/Emotional:

- ___ anxiety
- ___ depression

Skin:

- ___ changing mole, dryness or rashes.

Additional Information

DATE _____

DATE _____

[illegible]

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Office Policies

Consultative Care

Dr. Zenker provides consultative care and cannot function as a primary care physician for medical management. She does not provide primary care, urgent care or emergency care. Since we are not participating providers in the insurance industry, we encourage you to have a primary care physician (PCP) who participates in insurance. Dr Zenker refers all recommendations provided by her to be reviewed and managed by your PCP within your total medical care. There may be expensive procedures appropriate for you they will only be covered only if ordered through your primary care physician.

Lab Fees

Payment for all laboratory testing is the responsibility of patient seeking medical evaluation at Trinity Integrative Medicine. It is the responsibility of each patient or guardian of patients to determine and have full knowledge of their options for payment of any recommended laboratory testing, either through insurance coverage or private pay options. We encourage you to contact both the labs and your insurance company to determine your cost of labs. It is important to let insurance companies know that Dr. Zenker is out of network.

Consent to Non-Secure electronic Communications

Standard email communication is an easy and convenient way to communicate with healthcare providers. Email communications are only encrypted (secured) when Dr. Zenker is sending them and therefore not considered fully secure since they do not meet the security requirement set forth by the Health Insurance Portability and accountably Act (HIPPA). Phone and fax are considered more secure and can be used to communicate with Dr. Zenker securely.

Follow Up Questions Pertaining to the Visit

The patient will have 10 days to follow up with brief questions pertaining to the visit. This is primarily used to clarify any protocols or issues discussed during the visit. If over 10 days and questions were not discussed at appointment, consider doing extended email response or set up follow up appointment. Refer to website.

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Follow Up Appointments

Follow up appointments are scheduled based on complexity. Please complete your follow up appointments in a timely fashion. Phone calls and emails, unless specified are not substitute for appropriate follow up. You may need to be seen (via a phone consult or in person appointment) before additional prescription refills or treatment plans can be addressed.

Insurance Information

Dr. Zenker is out of network with all insurance companies along with Medicare and Medicaid. Superbills can be prepared for you to submit to your insurance company. Superbills cannot be prepared for Medicare patients. **Please notify us if you have Medicare.** You will need to sign a contract agreeing that you will not file any claims with Medicare for your services with Dr. Zenker.

Appointment Charges/Holding Fees/Cancellations

The charge for one-hour appointment is \$350. You get a reduced rate at two-hours for \$595, and any hour after two-hours is billed at \$300 per hour. Holding fees for appointment are as follows: one-hour is \$100, and two-hours is \$200. This amount will be applied to the total charge for the appointment. Appointments that exceed the one hour or two-hour time scheduled time will be prorated for the additional time. We securely store your credit card information. All patients who fail to cancel within 3 full business day will be charged \$100 for one-hour appointments, and \$200 for two-hour appointments.

Late Arrival Appointments/Missing Paperwork

We respect all patients' time. If you arrive late for your appointment and your paperwork is not completed, your appointment will end at the scheduled time and you will be charged for the length of the originally scheduled appointment.

Medical Records

You will be given a copy of your labs and Dr. Zenker's notes to keep for your records. If you request additional copies you may be charged.

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Dr. Zenker does not fill out medical disability forms for patients since she is not a primary care physician.

I have read and understand all the policies of Trinity Integrative Medicine/Dr. Zenker. I release Dr. Zenker and Trinity Integrative Medicine from any all liability that may arise from the use of non-secure communications. If at any time in the future I wish to revoke this consent, I will inform Dr. Zenker in writing with signature. This revocation will not be retro active and will only affect communication going forward from the date of revocation.

Name of Patient

Date: _____

Signature of Patient

NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES / REGISTRATION

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

INTRODUCTION

Trinity Integrative Medicine is committed to treating and using protected health information about you responsibly. This Notice of Health Information Privacy Practices describes the personal information I collect and how and when I use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective May 5, 2010 and applies to all protected health information as defined by federal regulations.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit Trinity Integrative Medicine, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of information for public health officials charged with improving the health of this state and the nation
- A source of data for our planning and marketing
- A tool with which I can assess and continually work to improve services rendered and the outcomes achieved.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of Trinity Integrative Medicine, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request
- Inspect and copy your health record as provided for in 45 CFR 164.524
- Amend your health record as provided in 45 CFR 164.528
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522 and

- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

RESPONSIBILITIES OF MY PRACTICE

Trinity Integrative Medicine is required to:

- Maintain the privacy of your health information
- Provide you with this notice as to my legal duties and privacy practices with respect to information I collect and maintain about you
- Abide by the terms of this notice
- Notify you if I am unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

I reserve the right to change my practices and to make the new provisions effective for all protected health information I maintain. Should my information practices change, I will give you in person or mail, a revised notice to the address you've supplied me.

I will not use or disclose your health information without your authorization, except as described in this notice. I will also discontinue using or disclosing your health information after I have received a written revocation of the authorization according to the procedures included in the authorization.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions, would like additional information, or believe your privacy rights have been violated; you can contact the Office for Civil Rights. There will be no retaliation for filing a complaint. The address for the OCR is listed below:

Office for Civil Rights

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

I have received the Health Information Privacy Practices notice and I have been provided an opportunity to review it.

Name (print) _____

Date of Birth _____

Signature _____

Date _____

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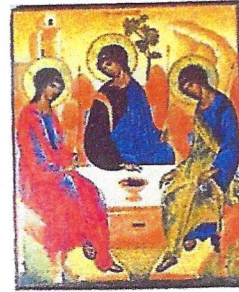
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DR. BERNARDA M. ZENKER, M.D.

Board Certified Family Physician

www.TrinityIntegrativeMedicine.com



Quality Supplements at a Discount - Available Online or Phone

1. Discounted **Xymogen** Products for Dr. Zenker's Patients

- Via phone call **800-647-6100**, mention you are a patient of Dr. Zenker's and you get a 15% discount. You can call 9:00am – 6:00pm (Eastern Standard Time) Monday through Friday. Free shipping is available for purchases over \$49
- Ordering online, go to **Wholescripts.com**, select **Register**, (upper right corner)
enter "trinitymedicine" into the referral code field,
enter "zenker" in the practitioner's last name field
create your account with email, name, address, etc
Select your products
Your 15% discount shows when you check out.

2. Order some of your other supplements at **FULLSCRIPT.COM**

Go to <https://us.fullscript.com/welcome/bzenker>,

Then create your patient signup account with name, email, password, etc.

Click sign up

You are ready to order products at a 15% discount

3. **Welleivate** (fulfillment portal of Emerson Ecologics).

- Welleivate is only available by Practitioner invitation and We need your permission to forward your name and email
- If you would like to be invited to Welleivate,
please call or email our office with your permission and preferred email address.

Holistic Health • Family Practice • Nutrition • Botanical Medicine • Bioidentical Hormone Testing • Neurotransmitter Evaluation • Food Allergy Testing • Functional Medicine

giving hope . . . integrating physical, emotional and spiritual health . .