MQ INSTITUTE

NEW PATIENT REGISTRATION

Electronic intake for MQ Institute.

Patient Information

Legal First Name | Last Name | Middle Initial

Preferred Name | Date of Birth (MM/DD/YYYY) | Pronouns (optional)

Address

City | State | ZIP

Mobile Phone | Home/Other Phone

Email | Preferred Contact

Text | Call | Email

Emergency Contact

Name | Relationship | Phone

Insurance / Responsible Party (if applicable)

Insurance Carrier | Member ID | Group #

Responsible Party Name (if different from patient) | Relationship

General medical history for aesthetic, wellness, longevity and weight-management care.

Care Team & Pharmacy

Primary Care Clinician

Referring Clinician (if any)

Preferred Pharmacy / Location

Pharmacy ZIP

Reason for Visit / Goals

Current Medications & Supplements

Allergies / Reactions

Past Medical Conditions / Surgeries

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GENERAL HEALTH & SAFETY SCREENING

Check any item that applies now or has applied in the past.

Medical Screening

- Pregnant or possibly pregnant
- Breastfeeding
- Tobacco / nicotine use
- Blood thinner / anticoagulant use
- Immune / autoimmune condition
- Neuromuscular condition
- Active infection / illness
- Bleeding / clotting disorder
- Severe allergic reaction / anaphylaxis
- Current or prior cancer
- Diabetes / blood sugar disorder
- Heart / cardiovascular disease
- Kidney disease
- Liver disease
- Seizure disorder
- Significant psychiatric history

Additional Information

Please describe any checked items or other health information your provider should know:

For clinician review before GLP-1, peptide-based, compounded, or other longevity therapies.

Medication & Therapy Acknowledgments

Patient Initials I understand that some medications or therapies discussed as part of my care may be FDA-approved for a specific indication, prescribed for an off-label use, compounded, investigational, or not FDA-approved for the purpose being discussed. If such a therapy is recommended for me, my MQ Institute provider will discuss its regulatory status, intended use, potential benefits, known and potential risks, alternatives, and available evidence as appropriate before treatment. Discussing a therapy does not mean it will be prescribed or recommended.

Patient Initials I understand that compounded medications are not FDA-approved and that FDA does not review compounded drugs for safety, effectiveness, or quality before marketing. If a compounded medication is recommended, the reason for considering it and relevant risks, benefits, and alternatives will be discussed with me before treatment.

GLP-1 Weight-Management Screening

Check any item that applies. A checked box does not automatically mean treatment is prohibited.

- Personal history of medullary thyroid carcinoma (MTC)
- Family history of medullary thyroid carcinoma (MTC)
- Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)
- Serious allergy/reaction to semaglutide, tirzepatide, or a GLP-1 medication
- Pancreatitis
- Gallstones, cholecystitis, or other gallbladder disease
- Severe gastroparesis / severe delayed stomach emptying
- Severe or persistent gastrointestinal disease/symptoms
- Kidney disease, kidney injury, or recurrent dehydration
- Diabetes treated with insulin or a sulfonylurea
- Diabetic retinopathy / diabetes-related eye disease
- Pregnant, trying to become pregnant, or planning pregnancy
- Breastfeeding
- Planned surgery/procedure with general anesthesia or deep sedation
- Use of oral hormonal birth control (important if tirzepatide is considered)
- Currently using another GLP-1, weight-loss medication, or compounded weight-loss injection

Details / dates / medication names:

Peptide / Longevity Therapy Screening

Risks differ by product. Check any item that should be reviewed before a specific therapy is selected:

- Current cancer, recent cancer treatment, or history of cancer
- Pregnant, trying to conceive, or breastfeeding
- Autoimmune / immune-system disorder
- Diabetes, insulin resistance, or significant blood-sugar disorder
- Heart failure, significant heart disease, or uncontrolled blood pressure
- Kidney or liver disease
- Prior reaction to a peptide, injectable, or compounded medication
- Currently using hormones, peptides, growth-hormone-related products, or compounded injectables

Details / therapy names / reactions:

CLINICIAN NOTE: No single checkbox list establishes safety for every peptide or compounded product. Review the exact product,

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HIPAA & COMMUNICATION PREFERENCES

Communication choices and acknowledgment of privacy practices.

How May MQ Institute Contact You?

Phone / Voicemail

- OK to leave a detailed voicemail
- Leave callback number only

Text Messaging

- Appointment / scheduling messages
- Other permitted care-related messages

Email

- OK to send email to the address provided

Written Communication

- OK to mail to my home address
- Use alternate mailing instructions below

HIPAA Acknowledgment

I acknowledge that I have been offered access to MQ Institute's Notice of Privacy Practices.

I understand that I may request reasonable restrictions or confidential communications as permitted by law.

I understand that treatment, payment, and healthcare operations may involve uses or disclosures of protected health information as permitted by applicable law.

Patient / Authorized Representative Name

Relationship

Electronic Signature (type full legal name)

Date

MQ INSTITUTE

APPOINTMENT & FINANCIAL POLICY

Please review and initial the cancellation policy, then sign the financial agreement.

Scheduling Appointments

To schedule an appointment, please call MQ Institute during normal business hours. We will ask about the nature of your visit so that the appropriate amount of time can be reserved for your appointment.

Cancellation & Missed Appointments

If, for any reason, you cannot keep your scheduled appointment, please notify MQ Institute with at least 24 hours' notice. MQ Institute reserves the right to charge for missed appointments or appointments cancelled with less than 24 hours' notice.

If a patient misses two consecutive appointments (no-shows), MQ Institute may notify the patient and may require the patient to establish care with another practice, as appropriate.

Patient Initials _____ I have read and understand MQ Institute's Cancellation & Missed Appointment Policy.

Late Arrivals

We respect the time of all our patients and strive to stay on schedule. If you arrive late for your appointment, you may be asked to wait or reschedule depending on the clinical schedule and the time remaining for your visit.

Financial Policy & Agreement

Thank you for selecting MQ Institute as your healthcare provider. Our commitment is to provide high-quality care. Responsibility for payment of fees for services is the direct obligation of the patient, except where otherwise required by law or an applicable payer agreement.

Your health benefit plan is an arrangement between you and your insurance carrier or benefit administrator. While MQ Institute may assist with billing when applicable, your plan determines coverage, prior authorization or referral requirements, exclusions, and patient responsibility. It is your responsibility to understand your coverage and benefits.

MQ Institute may invoice you and participating insurers when applicable. Fees not covered by an applicable insurer or benefit plan are the patient's responsibility.

Please provide current demographic and insurance information and notify MQ Institute promptly when that information changes.

If your care requires services from an outside diagnostic laboratory or other third party, you may receive a separate bill from that entity. Questions regarding those charges should be directed to the billing entity.

Accounts are considered past due after 30 days. MQ Institute may take appropriate collection action on outstanding balances in accordance with applicable law and the practice's current policies. A returned check may be subject to a $25 service charge.

Patient / Authorized Representative Name _____ Relationship _____

Electronic Signature (type full legal name) _____ Date _____

MQ INSTITUTE

TELEHEALTH CONSENT

For eligible MQ Institute services provided by telehealth.

Consent to Telehealth

I understand that telehealth uses electronic communications to allow healthcare providers and patients in different locations to communicate and exchange health information for evaluation, follow-up, education, and other appropriate healthcare services.

I understand that telehealth may involve audio, video, photographs, medical records, laboratory results, and other health information. Not every condition, service, procedure, or treatment is appropriate for telehealth, and an in-person visit may be required.

I understand potential limitations and risks may include incomplete information, technical failures or delays, limitations of remote examination, and privacy or security risks despite reasonable safeguards.

I understand that applicable privacy protections continue to apply to telehealth. Recording of a telehealth visit should occur only when permitted and with appropriate notice or consent.

I understand that I may withdraw consent to telehealth as permitted by law without affecting my right to future care, although withdrawal does not affect services already provided.

I consent to receive eligible healthcare services from MQ Institute by telehealth when my provider determines telehealth is clinically appropriate and legally permitted.

Acknowledgment

I consent to telehealth as described above.

Patient / Guardian / Authorized Representative Name

Relationship

Electronic Signature (type full legal name)

Date