

YOUR IMMUNE CHECK-UP AND TESTING INFORMATION & INSTRUCTIONS:

1. The first step for your Immune Check up is to contact us to obtain the forms (patient Information, symptom survey, current medication and supplement list, wellness survey and consent) we will need to review for your initial appointment.
2. Please call or email us to obtain the forms, then complete and return them to our office.
 - By fax: 970-628-1624
 - By mail: MIMI's Clinic 2472 Patterson Rd, Suite 5, Grand Junction, CO 81505
 - By email: mimi@mimicares.com ***please be aware that email is not HIPAA compliant***
3. Once we receive your paperwork we will call to schedule your initial phone or telemedicine appointment to discuss your situation and collect payment. Payment must be received before your appointment/testing will occur and will be invoiced via Square for contactless payment.
4. After your phone/telemedicine visit we will schedule your testing appointment
5. At your testing appointment we request you call, or knock on the front door of clinic, upon arrival to let us know you are here.
6. All patients need to be wearing a mask, or other face covering that covers nose and mouth, while in public and during testing. MIMI's Clinic staff will also be masked and using appropriate personal protective equipment (PPE). ***Testing will not occur without masks/PPE in place.***
7. For the point of care (POC) testing, we will meet you at your car to check your temperature and obtain your sample. ***If you have a fever or other symptoms your testing may be delayed.*** The sample is obtained from a finger stick to obtain a drop blood.
8. 10 - 15 minutes after we obtain your sample the result will be ready. You can either wait in your car or we can call you with your results.
9. Your result will determine what steps need to be taken next:
 - Negative results indicate that you have not been exposed or have not made antibodies to COVID-19 virus.
 - Positive IgM means that you were recently exposed or re-exposed and you should follow self isolation procedures.
 - Positive IgG means you were exposed longer ago or recently re-exposed and you should follow public health guidelines.
 - Any result may necessitate further evaluation and testing by a medical professional.
 - ***During this pandemic, ANY result requires that you continue to follow current public health recommendations.***

10. We recommend a follow-up appointment in 2-4 weeks to assess how you are doing and to follow-up on recommendations, treatments and any additional testing and/or interventions. This will be a phone/telemedicine appointment that we schedule when we inform you of your results.

Pricing: Initial and follow-up visits, including testing, are currently priced at \$75 each and include evaluation, POC testing and recommendations to support your immune health.

PATIENT INFORMATION:

(current patients fill in Name, DOB, phone# & any updates)

Date: _____

Name: _____

Date of Birth: ____/____/____ Age: ____

Social Security Number: XXX-XX-_____

Home Telephone: (____) _____-_____

Work Telephone: (____) _____-_____

Mobile Telephone: (____) _____-_____

Email Address: _____

May we use your email to send medical related messages? ___Yes ___No

(Your email will never be sold to a third party. You will only receive newsletters or other emails specific to MIMI.)

Mailing Address: _____

City / State: _____

Zip Code: _____-_____

Symptom Check List

	Now	Last week	2 weeks ago	3 weeks ago	Other
Fever					
Headache					
General Aches & Pains					
Fatigue, Weakness					
Extreme Exhaustion					
Stuffy Nose					
Sneezing					
Sore Throat					
Cough					
Shortness of Breath					
Chest Congestion					
Chest Pain					
Nausea					
Diarrhea					
Other: please specify	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>				
To your knowledge, have you been exposed to COVID-19?	Yes	No	Do not know		
Have you been tested for COVID-19 before?	Yes	No	If yes, result ?	Pos (+)	Neg (-) Page 2
When was your test?	/ /				

Emergency Contact: _____

Relationship: _____

Telephone: (_____) _____ - _____

Current Physicians / Health Providers:

Primary Care Provider/Phone#: _____

How did you hear about MIMI and this testing? _____

HEALTH INFORMATION:

Allergies (drug, food, seasonal, etc.): _____

Current Medications & Supplements:

Name of Medication or supplement and brand (manufacturer)	Dosage	Frequency (daily, twice and day, etc)	Why do you take this?

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Do you currently take?: ___ D ___ C ___ A ___ B12/B Complex ___ Zinc ___ Iodine

HEALTH INFORMATION (cont'd):

Nutrition:

Please briefly describe your diet: _____

___ Vegan ___ Vegetarian ___ Paleo/Keto ___ No special diet Other: _____

How much water do you drink per day? _____

Physical Activity:

Do you get some form of physical activity regularly? ___ yes ___ no

If yes: What activity or exercise? _____ How many times per week? _____

Stress & Coping Mechanisms:

What do you do to handle stress? ___ meditate ___ pray ___ exercise other: _____

Habits: Do you:

Smoke? yes no

Drink Alcohol? yes no If yes, How many drinks per day/week /

Is there anything else we should know? _____

Informed Consent:

I understand that “Your Immune Check-Up” is a self pay service and that MIMI’s Clinic does not take insurance (*we can supply a super bill*).

I understand and consent to COVID-19 screening antibody testing for COVID-19 IgM and IgG antibodies.

I understand that this test is FDA registered, but not yet FDA cleared or approved.

I understand that this is a screening test that may require further testing and/or evaluation by a medical professional.

I understand that this screening test does not constitute a diagnosis.

I understand that screening tests are not perfect and will not hold MIMI’s Clinic, the Marchionda Imaginative Medicine Institute, or any of its staff liable for false negatives, false positives, unexpected results or test malfunctions.

I consent to electronic communication via text email phone, for purposes related to this testing.

Name (printed): _____ Signature: _____ Date: _____