

Advanced Foot Care Center | Stargate Clinic PMA Intake Form

2824 Merchant Dr. Knoxville, Tn 37912

Patient Information

Full Name: _____

Date of Birth: _____

Social Security Number: _____

Gender (M/F/Other): _____

Address: _____

Phone: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Emergency Contact Relationship: _____

Insurance Information

Primary Insurance Company: _____

Policy Number: _____

Group Number: _____

Policy Holder Name: _____

Policy Holder DOB: _____

Secondary Insurance Company: _____

Secondary Policy Number: _____

Secondary Group Number: _____

Secondary Policy Holder Name: _____

Secondary Policy Holder DOB: _____

Medical History

Current Medications: _____

Known Allergies: _____

Past Medical Conditions: _____

Surgical History: _____

Podiatry-Specific Complaints

- ☐ Foot/ankle pain or injury
- ☐ Heel pain
- ☐ Bunions, hammertoes, or toe deformities
- ☐ Corns, calluses, ingrown toenails
- ☐ Open sores, ulcers, or wounds
- ☐ Numbness, tingling, or neuropathy in the feet
- ☐ Other

PMA Wellness Disclosures

- ☐ I am currently pregnant
- ☐ I am currently nursing
- ☐ I am undergoing cancer treatment
- ☐ I understand services like AO Scan, patches, laser, and light therapy are wellness-based
- ☐ I acknowledge that these therapies are not FDA evaluated
- ☐ I understand these services are offered through a Private Membership Association (PMA)
- ☐ I understand PMA services are not covered by insurance or standard malpractice policies

Consent

- ☐ I consent to receive licensed podiatric medical care.
- ☐ I consent to receive non-medical wellness services under PMA agreement.

Privacy Acknowledgment & Signature

- **Notice of Privacy Practices:** I acknowledge that I have been given the opportunity to review Advanced Foot Care Center and Stargate Clinic PMA's Notice of Privacy Practices, and I understand my rights regarding protected health information. (Under HIPAA, providers must inform patients of privacy rights and have patients acknowledge receipt.
- **Authorization:** I authorize Advanced Foot Care Center to release any medical information necessary to process insurance claims and to bill insurance for services. I request that any insurance payments be made to Advanced Foot Care Center. I understand I am responsible for any charges not paid by insurance

- **Patient/Guardian Signature:** _____ **Date:** _____
- **Printed Name of Patient or Guardian:** _____

(Signing above certifies the information given is accurate. Tennessee law requires patients be informed of privacy practices [hhs.gov](https://www.hhs.gov) and protects patients' rights, including the right to revoke authorizations at any time.)

Privacy Acknowledgment & Signature

I acknowledge I have been offered a copy of the Notice of Privacy Practices (HIPAA) and understand how my information may be used. I authorize release of medical info to process claims and authorize payment directly to Stargate Clinic. I confirm all information above is true to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: _____

Disclosure: Stargate Clinic is a private, membership-based health and wellness organization. We offer both licensed medical consultations and alternative wellness services. **Medical Services:** Any medical examination, diagnosis, or treatment is provided only by our Tennessee-licensed physicians or other licensed healthcare professionals. Their names and credentials are listed on this site where applicable. If you receive a medical consultation or prescription through the clinic, it is delivered under the practitioner's legal scope of practice.

Wellness Services: All other services (such as nutritional advice, massage therapy, herbal supplements, exercise guidance, etc.) are **educational and supportive only**. These wellness programs are not intended to replace medical care. Under Tennessee law (T.C.A. §63-6-205, we do not diagnose or treat medical conditions in our wellness offerings. By participating, you acknowledge that our staff (unless specifically licensed) are *not* acting as physicians or medical practitioners. We may ask you to sign an acknowledgement to this effect, as required by state law.

General Information: The content on this website (articles, videos, product descriptions, etc.) is provided for informational purposes only. It has *not* been evaluated by any regulatory agency (e.g. FDA) and is not intended to be a substitute for professional medical advice. Always consult your personal physician or qualified healthcare provider about any health concerns or before starting any new treatment or wellness program. Do not disregard or delay seeking medical advice based on information from this site.

Claims and Results: While we discuss potential benefits of certain therapies (e.g. pain relief, faster recovery, improved health markers), individual results may vary and cannot be guaranteed. No statement on this site or in our materials is a promise or warranty of any cure or specific outcome. Tennessee regulations prohibit any advertising that creates false expectations, so please understand our services are offered in good faith to support your wellness goals, but are not cures.

No Doctor-Patient Relationship: Visiting this website or using our services does not create a doctor-patient relationship with Stargate Clinic or its practitioners unless explicitly stated in

writing. Membership and any information we provide are **not** a confidential medical record or professional consultation.

Limitation of Liability: By using this site or our services, you agree that Stargate Clinic and its staff are not liable for any outcomes related to your use of the information, products, or services provided. You assume full responsibility for any actions you take based on our content.

This disclosure is made to comply with Tennessee law and to ensure you understand the nature and limitations of our services. If you have questions about any aspect of these disclosures, please contact us or seek legal advice.

Insurance & Legal Separation Notice (Tennessee Providers):

Stargate Clinic PMA operates as a private membership wellness association distinct from any licensed medical practice. While licensed professionals including DPMs and MDs may offer medical services at the same location, **all wellness services provided through the PMA are rendered separately and are not covered by any medical malpractice insurance policy.**

By enrolling as a member and participating in any wellness, energy-based, or non-diagnostic service—including but not limited to patch therapy, AO Scan, frequency support, light beds, or laser sessions—you acknowledge that:

- You are **not receiving medical care or diagnosis** under any physician-patient relationship unless explicitly stated and documented.
- These wellness services are offered **outside the scope of state-licensed medical practice**, and
- You agree to **hold harmless all licensed professionals and their malpractice carriers** from any claim arising from these separate wellness services.

This disclosure is made in compliance with Tennessee law and the contractual requirements of all medical malpractice carriers associated with practitioners involved at this facility.

Member Declaration & Signature

By signing below, I agree to participate in Stargate Clinic PMA services as a voluntary member, and I acknowledge and accept the terms outlined above regarding the nature of the services and their legal and insurance distinctions. I understand this document is a condition of membership and is intended to protect both practitioners and members under the private association model.

Signature: _____ Date: _____

Printed Name: _____