

**DXA Body Composition
 Testing Client Intake Form**

Page 1

Date of Scan: _____ Client Complete

Client #(Office Use): _____

Last Name: _____ First Name: _____

Date of Birth: _____ Age: ____ Sex: M: __ F: __ Compare With Pick 1: C: __ B: __ H: __ Asian: __

Address: _____ Dominant Side: R: __ L: __ A: __

City: _____ State: _____ Zip: _____

Preferred Phone/Text Message: _____ Email (Confidential): _____

Indication for Scan: Please Print Legibly, If I cannot read it I can't send an Email Copy to You!

What is your reason for wanting to do a DXA Body Composition Scan? **Baseline for Pick One or More**

New Diet/Exercise Plan Fine Tune Diet/Exercise Sport Performance Do I have Low Muscle?

Coach/Trainer Needs Data Competition Prep for Cutting/Bulking What is my Visceral Fat?

Extreme Diet (Keto/LoCarb/Bulk/Carnivore/Vegetarian/Fasting) GLP-1 Rx Considering GLP-1

PreOp Bariatric Surgery PreOp "Tummy Tuck" etc Undergoing Cancer/AIDS Treatment

Recent Weight Loss Recent Weight Gain Recent loss of Strength Testosterone Replacement

Recovery from Trauma, Bed-rest, Surgery, Rehab, Organ Transplant, Space Flight

Referral by MD/Dietitian for Diabetes, Obesity, Eating Disorder Other: _____

Military Qualification Live Organ Donor Evaluation Research What is my Bone Density?

What has been your maximum weight (non-pregnant) _____ lbs Weight around age 20? _____ lbs

Are you wearing a Continuous Glucose Monitor or Insulin Pump? No __ Yes __

Do you have any Internal Prostheses No __ Hip/Knee Spine Breast Other _____

Other Medical/ Medication/ Recent Surgery/ Illness/ Social Issues that might contribute to Obesity or Sarcopenia (loss of muscle)? No __ Other _____

Other than body composition, what concerns about your health may we be able to help you with?

N/A Other _____

Would you like to receive our End of Year Email Newsletter/New Years Greeting? YES __ No __

Present Employer: _____ How did you hear about us? _____

We are a HIPAA Covered Entity & manage your Protected Health Information (PHI) following applicable laws as indicted in our [Notice of Privacy Policies](#) which you have been given a link/chance to review.

Do we have your authorization to send you PHI (ie Scan Results) and appointment reminders Via Email and/or Text Messages? Yes __ No __ If Yes, You need to also sign the Authorization and Consent Form for these Channels of Communication and the Informed Consent form for the Actual Scan which are the 2nd and 3rd pages of this document. Most of the fields on p2-3 are pre-populated.

Signature: _____ Date: _____

Signature of Parent If Age less 18: _____ Date: _____ Revised 2/22/26

Continue to Review and Sign Pages 2 and 3, Ring Bell when you are finished.

**Authorization & Informed Consent for
Transmission of PHI & ePHI Via Possibly
Unsecured Email, Internet, Text, Fax or
Voice Communication Channels**

Page 2

Last Name: _____ First Name: _____ (Office Use) Client #: _____

I expressly request, authorize, direct, permit and unequivocally consent to Inside Outside Wellness Center & Medical Spa to transmit my Protected Health Information (PHI) & Electronic Protected Health Information (ePHI) to me via possibly unsecured text/fax/voice message/internet cloud links/email.

I understand that Inside Outside Wellness Center & Medical Spa does not have the capability to completely guarantee that all text/fax/voice messages and email/internet data are transmitted in an encrypted or secured format.

I understand, however, in accordance with HIPAA Regulations, that Intake Documents, Consent Forms, Treatment Records, DXA Scan Results, Lab Results and other Identifiable PHI or ePHI will be stored in secured physical locations and/or HIPAA compliant encrypted cloud sites such as Sync.com and Paubox.com. Therefore, PHI or ePHI can and will be sent to me, by virtue of this consent, by email/text via a HIPAA compliant encrypted link via Sync.com for download and personal use.

I expressly waive any claims or rights with respect to transmission of some ePHI or PHI via possibly unsecured text/voice messages/email/internet. This could include Scheduling of appointments, Confirmation of appointments, Rescheduling appointments, Appointment reminders, Directions to our location, and post visit "Thank You" purposes. These communications might also include the nature of my appointment ie Spa Procedure, Botox Treatment and ALLE Reward Information, DXA Scan or Hi-Lo Strength Training, clarification of the appointment details, additional information about the service I received or reminders or instructions for post procedure care.

I fully understand that third parties may attempt to or actually access, use and disclose some PHI or ePHI stored and transmitted by HIPAA Compliant entities such as Inside Outside Wellness Center & Medical Spa and Sync.com and Paubox.com to my mobile phone or desktop computer via text/voice message or email/internet. Once I receive PHI or ePHI, Inside Outside has no responsibility for it's security

I fully understand the risks of transmitting text/fax/voice messages or email/internet containing PHI or ePHI, I prefer these channels of communication and I am willing to accept those risks.

I knowingly, intentionally and voluntarily waive all rights, claims and damages relating to the negligence, breach of confidentiality or other tort and all other legal claims that could be asserted against Inside Outside Wellness Center & Medical Spa any of its employees, agents, members or otherwise as a result of any third person improperly accessing, using or disclosing my PHI or ePHI as a result of transmission via unsecured text/fax/voice messaging, Internet or email.

Phone/Text Number: _____ Email: _____

Signature: _____ Date: _____

Please Print Legibly, If I cannot read
it I can't send an Email Copy to You!

IO Form Auth & Consent Revised 3/20/2023

Informed Consent for DXA Body Composition Testing

Page 3

Last Name: _____ First Name: _____ Client # (Office Use): _____

This form contains information about your request to have a DXA Body Composition Test performed by Dr. Charles B. Christian, Jr. dba Inside Outside Wellness Center & Medical Spa.

The goal is to give you detailed information about your body composition, Fat Mass, Lean Mass and Body Fat Distribution, including an estimate of your Visceral Fat. This information may also be used to help create a Nutrition Prescription which outlines total daily calories and macro nutrition data.

There is a small amount of radiation involved but it is so small none of the operators or you will need any extra protection and the room does not have to be shielded. The amount of radiation is about the same as you would receive in a few hours from the background radiation from the Sun and Radon in the Ground. There are no known risks or discomforts for the approximately 3-4 minutes for the Scan.

For Women Only:

I hereby state that I have been instructed by the staff of Inside Outside Wellness Center & Medical Spa that DXA Body Composition is an elective procedure and that I **MUST NOT** have a DXA Scan performed if I am pregnant, or have any suspicion that I may be pregnant. I have advised the staff of Inside Outside Wellness Center & Medical Spa that I am not pregnant, do not have any suspicion I may be pregnant, and I have elected to have this procedure performed today.

Should it be determined at a later date that I am pregnant at the time the scan was performed, I agree to hold Inside Outside Wellness Center & Medical Spa, and any partners/affiliates of Inside Outside Wellness Center & Medical Spa, harmless from any liability and any potential future damages.

Initials _____

I understand that I need to remove a Continuous Glucose Monitor (CGM) and a external Insulin Pump prior to the scan otherwise you will be responsible for any damage to the CGM or Pump.

I understand that my participation is purely voluntary and my permission to perform this testing is freely given. I understand the risks and expected benefits. Inside Outside cannot be held responsible for any mental or physical discomfort as a result of the test.

The data from the scan is considered Protected Health Information and will be stored in a HIPAA approved encrypted hard drive at Inside Outside and encrypted at Sync .com for backup . The digital copy of the scan will be sent to me via an encrypted link by Dr. Christian or be available for download on the FitnesCity Dashboard for FitnesCity Clients.

This informed consent form applies to all future followup scans. Women will be required to sign another Pregnancy Disclaimer for Followup Scans.

Signature: _____

Date: _____

Signature of Parent If Age less 18: _____ Date: _____

Form DXA Consent Revised 9/22/22

**Client Education
Documentation Form**

Last Name: _____ First Name: _____ Date: _____ Client#: _____

Topic: Botox DXA Body Composition Nutrition Prescription DXA Bone Density
Skin Care Products Nutrition Supplements/Testing Chemical Peel
Rejuvapen Procedure Hi-Lo Strength Training Other _____

Reason for Education: Give enough information so client understands procedure being requested, cost of procedure, risks and benefits, set expectations for procedure and review post procedure and followup instructions. Other _____

Educational Tools

Power Point Presentation: DXA Body Composition DXA Bone Density
Nutrition Prescription & Implementation Botox-Dynamic Wrinkles Botox-Bruxism
Chemical Peel Skin Care Microdermabrasion Rejuvapen Hi-Lo Strength Training
Drawing : Botox Drawing Other _____
Extensive Dialogue: Lean Mass Indices Omega 3 Testing
Extensive Dialogue: _____
Handout : Post Procedure Brochure Other _____

Comments

Who received this education?

Client Parent/Guardian Other _____

Was adequate understanding achieved?

Yes ___ No ___

Client Initials: _____ Date _____

Clinical Staff Initials: _____ Date _____

IO Form Client Education Revised 5/24/2025

Initial DXA Body Composition Scan Client Medical Record

Last Name _____ First Name _____ Date _____ Client # _____

Chief Complaint:

___ Y/O M F desires Baseline DXA Scan for: See Intake Form
 Referral by MD/Dietitian for eating disorder or other medical issue. _____

Desires Nutrition Prescription to define total calories and macros . No Yes

History: Current Weight _____ lbs Height _____ in BMI _____ See Report for Details
 Maximum Weight: Non Pregnant _____ lbs Weight in early 20's or High School _____ lbs

Predisposing Medical Issues/drugs which might lead to obesity or frailty. No Yes
 Describe : _____

Internal Metal/Prosthesis which might interfere with scan results? No Yes
 Hip/Knee Spine Breast Other: _____

Status: Pregnant: No Yes Not Sure See DXA Consent Form
 Continuous Glucose Monitor? No Yes Removed prior to scan Yes No
 Insulin Pump? No Yes Removed prior to scan Yes No

Any Contraindication for Scan? No Yes Describe: _____

Consent Form signed: Yes No Signature & Consent Parent If Age less 18: N/A Yes No
 Signed up for Newsletter? Yes No Authorization for Email/Text/Voice Yes No

Indication for scan: BMI Overweight Obese Abdominal Obesity Frail Appearance
 New Diet/Exercise Plan Fine Tune Diet/Exercise Sport Performance Do I have Low Muscle?
 Coach/Trainer Needs Data Competition Prep Bulking/Cutting What is my Visceral Fat?
 Extreme Diet (Keto/LoCarb/Bulk/Carnivore/Vegetarian/Fasting) GLP-1 Rx Considering GLP-1
 PreOp Bariatric Surgery PreOp "Tummy Tuck" etc Undergoing Cancer/AIDS Treatment
 Recent Weight Loss Recent Weight Gain Recent loss of Strength Testosterone Replacement
 Recovery from Trauma, Bed-rest, Surgery, Rehab, Organ Transplant, Space Flight
 Referral by MD/Dietitian for Diabetes, Obesity, Eating Disorder Other: _____
 Military Qualification Live Organ Donor Evaluation Research What is my Bone Density?
 Notes: _____

Body Bone Density: T-or Z-score _____ Advised: Yes: ___ No: ___ M.D.Referral: Yes: ___ No: ___

Plan: DXA Body Composition Testing Low Muscle Indices Nutrition Prescription
 Omega 3 Index Other _____
 Assisted by Initials: _____ Followup: PRN HalfWay to Goal At Goal Set
 Dr. Christian Initials _____ Date _____

Form DXA 104 MedRec Revised 12/27/2025



Confirmation of Identity for Follow Up DXA Scans

Name Last: _____ Name First: _____ Client # _____ DOB: _____

The above client has identified himself: ___ herself: ___ as:
 First Name: _____ Last Name: _____ DOB: _____.

I affirm that I have confirmed this information in the DXA Patient Database and have opened a "Perform Scan" Data Entry Screen for this exact, same Client to allow for entry of a new weight from today and possibly a new height if it has been more than 2 years since the last scan. If any confusion exists, the scan must not be started and Dr. Christian must be notified.

Data Entry by: Signature: _____ Date of Scan: _____

Dr. Christian Initials to Approve performance of Followup DXA: _____

The above client has identified himself: ___ herself: ___ as:
 First Name: _____ Last Name: _____ DOB: _____.

I affirm that I have confirmed this information in the DXA Patient Database and have opened a "Perform Scan" Data Entry Screen for this exact, same Client to allow for entry of a new weight from today and possibly a new height if it has been more than 2 years since the last scan. If any confusion exists, the scan must not be started and Dr. Christian must be notified.

Data Entry by: Signature: _____ Date of Scan: _____

Dr. Christian Initials to Approve performance of Followup DXA: _____

The above client has identified himself: ___ herself: ___ as:
 First Name: _____ Last Name: _____ DOB: _____.

I affirm that I have confirmed this information in the DXA Patient Database and have opened a "Perform Scan" Data Entry Screen for this exact, same Client to allow for entry of a new weight from today and possibly a new height if it has been more than 2 years since the last scan. If any confusion exists, the scan must not be started and Dr. Christian must be notified.

Data Entry by: Signature: _____ Date of Scan: _____

Dr. Christian Initials to Approve performance of Followup DXA: _____

