



# Health Profile Instructions

Client Library > Clinic Manual > The Protocol

For internal use by clinic only

Date: \_\_\_\_\_

Dietary consultation involves a health profile. The purpose of the health profile is not to establish a diagnosis, but rather to determine a client's health status in order to guide his or her weight loss plan. A client may be advised to seek medical advice based on his or her health profile.

## Legend

**NPA** - Needs Prescriber Approval (The Clinic must send an overview and phase document to physician, attached to a consent form (See example in the Coaches Manual, section 6, Reference Tools.))

**NPC** - Needs Prescriber Care (Potential Dieters should only be followed by a prescribing Clinic.)

## Prescribers Please Note

You will notice some contraindications, relative contraindications, and some instances where prior approval of the dieter's PCP or Specialist is required. Please understand that these are guidelines for "non-prescribing" Ideal Protein Clinics, and that Ideal Protein would never dictate practice standards to you. If, in your professional opinion, the benefits of our method outweigh any potential risk, it would certainly be at your discretion.

## 1. Overall (Please use print characters)

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt./unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ **Age:** \_\_\_\_\_

Profession: \_\_\_\_\_

Referral: \_\_\_\_\_

Current weight (lb): \_\_\_\_\_ Weight 1 year ago (lb): \_\_\_\_\_

Minimum adult weight (lb): \_\_\_\_\_ At age: \_\_\_\_\_

Maximum adult weight (lb): \_\_\_\_\_ Height: \_\_\_\_\_

Do you exercise?  Yes  No If yes, what kind? \_\_\_\_\_

How often?  Daily  Weekly  Other \_\_\_\_\_

Have you been on a diet before?  Yes  No

If yes, please specify which diet(s) and why you think it didn't work for you (i.e. too rigid, too much cooking involved, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ DOB: \_\_\_\_\_ (DD/MM/YY) Initials: \_\_\_\_\_



## 1. Overall (continued)

On a scale of 1 to 10, indicate what level of importance you give to losing weight with Ideal Protein's professionally supervised protocol: (circle one)

Least important    1    2    3    4    5    6    7    8    9    10    Very important

What is your marital status?     Married     Single     Widow  
 Divorce     Other: \_\_\_\_\_

How many children do you have? \_\_\_\_\_ How old are they? \_\_\_\_\_

Who does most of the cooking at home? \_\_\_\_\_

On average, how many hours do you sleep per night? \_\_\_\_\_

Who is your primary care physician (family doctor)? \_\_\_\_\_

Please list any physicians you see and their specialty (refer to medical information for list of disorders):

Dr. \_\_\_\_\_ Specialty: \_\_\_\_\_

Patient since: \_\_\_\_\_ Last visit: \_\_\_\_\_

Dr. \_\_\_\_\_ Specialty: \_\_\_\_\_

Patient since: \_\_\_\_\_ Last visit: \_\_\_\_\_

Dr. \_\_\_\_\_ Specialty: \_\_\_\_\_

Patient since: \_\_\_\_\_ Last visit: \_\_\_\_\_

Dr. \_\_\_\_\_ Specialty: \_\_\_\_\_

Patient since: \_\_\_\_\_ Last visit: \_\_\_\_\_

## General

Children under 17 years of age (NPA)

Which Protocol? None, unless parents obtain prior approval from the child's pediatrician.

Why? For the severely obese child with medical issues (high BP, poor cholesterol, etc.), the Alternative Plan may be employed.

## 2. Diabetes N/A

Do you have diabetes?     Yes     No    If no, please skip to next section.

Which type?     **Type I – Insulin-dependent (insulin injections only)**

Type II – Non-insulin-dependent (diabetic pills)

Type II – Insulin-dependent (diabetic pills and insulin)

Is your blood sugar level monitored?     Yes     No    If so, how often? \_\_\_\_\_

If so, by whom?     Myself     Physician

Other – please specify: \_\_\_\_\_

Do you tend to be hypoglycemic?     Yes     No

**NOTE: If you are currently on a Sodium-Glucose Co-Transporter inhibitor (SGLT-2), do not start the protocol.**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ DOB: \_\_\_\_\_ (DD/MM/YY) Initials: \_\_\_\_\_



## 2. Diabetes (Explanation)

### Type I insulin-dependant Diabetics

**Which protocol?** Alternative

**Why?** To avoid the risk of the potentially fatal condition of ketoacidosis. If a type I diabetic receiving proper amounts of insulin and has some glycogen in his/her system, being on a carbohydrate-limited diet where some ketone bodies are being produced (i.e. the Alternative Diet), then acidosis cannot occur because the insulin and glucose allow the body to re-convert the ketone bodies back into a non-acidic substance (acetyl-Co-A) which then can be burnt as fuel in the Krebs cycle. If they do not receive enough insulin or there is not enough stored glucose (glycogen), then this re-conversion cannot occur and ketones can build up to dangerous levels, resulting in ketoacidosis.

**\*Recommend testing blood glucose 4x a day; first thing in the morning on an empty stomach, 1 hour before lunch, 1 hour before dinner and at bedtime.**

### Type II Diabetics

**Which protocol?** Either protocol

**Recommendations:** As the Dieter improves and medications are reduced, contemplate switching to the Regular Protocol, if started on the Alternative Protocol.

**Recommend testing blood glucose 4x a day; first thing in the morning on an empty stomach, 1 hour before lunch, 1 hour before dinner and at bedtime.**

**NOTE: If the dieter is on a Sodium-Glucose Co-Transporter inhibitor (SGLT-2), he/she should not be placed on the Ideal Protein Protocol.**

## 3. Cardiovascular Function N/A

Have you had any of the following conditions?

- |   |  |
|---|--|
| <input type="checkbox"/> Arrhythmia (NPA)                                   | <input type="checkbox"/> Hyperkalemia (High potassium) (NPA)       |
| <input type="checkbox"/> Blood Clot (NPA)                                   | <input type="checkbox"/> Hypokalemia (Low potassium) (NPA)         |
| <input type="checkbox"/> Coronary Artery Disease (NPA)                      | <input type="checkbox"/> Hypertension (High blood pressure) (NPA)  |
| <input type="checkbox"/> Heart attack (NPC)                                 | <input type="checkbox"/> Pulmonary Embolism (NPA)                  |
| <input type="checkbox"/> Heart Valve Problem (NPA)                          | <input type="checkbox"/> Stroke or Transient Ischemic Attack (NPA) |
| <input type="checkbox"/> Heart Valve Replacement (porcine/mechanical) (NPA) | <input type="checkbox"/> Congestive Heart Failure (NPC)            |
| <input type="checkbox"/> Hyperlipidemia (High cholesterol/triglycerides)    | <input type="checkbox"/> Please select one (if applicable):        |
|   | <input type="checkbox"/> History of Congestive Heart Failure       |
|   | <input type="checkbox"/> Current Congestive Heart Failure (NPC)    |
|   | <input type="checkbox"/> Yes <input type="checkbox"/> No           |

Have you ever had **any** type of heart surgery?

If so, which type? \_\_\_\_\_

Other conditions: \_\_\_\_\_

If you have answered yes to any of the above conditions, please give **all** dates of occurrence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ DOB: \_\_\_\_\_ (DD/MM/YY) Initials: \_\_\_\_\_



### 3. Cardiovascular Function (Explanation)

#### **Arrhythmia (NPA)**

**Which Protocol?** None, unless Dieter obtains prior approval from cardiologist or primary care physician.

**Why?** Abrupt decreases in glucose or abrupt changes in serum electrolytes (sodium, potassium, or magnesium) could theoretically precipitate an arrhythmic event.

#### **Blood Clot (NPA)**

**Which protocol?** None, unless Prothrombin Time (Blood clotting test) is done weekly.

**Why?** The anti-coagulant warfarin sodium inhibits 3 clotting factors that Vitamin K accentuates (Vitamin K does the exact opposite of what warfarin sodium does). If the dieter has not been eating a lot of green vegetables in the past and now have four cups of vegetables containing Vitamin K, his/her anti-coagulant therapy may be compromised.

**Recommendations:** Provide a list of Vitamin K contents of vegetables and instruct the dieter to be consistent with the Vitamin K content of their selected vegetables.

#### **Coronary Artery Disease (NPA)**

**Which Protocol?** If on warfarin sodium therapy, none, unless dieter obtains prior approval from cardiologist or primary care physician.

**Recommendations:** \*See Blood Clot above for more information.

#### **Heart Attack within 6 months (NPC)**

**Which protocol?** None

**Why?** When a weakened heart is abruptly subjected to decreased glucose levels and/or changes in serum electrolytes, its mechanical function could be theoretically compromised. We therefore prohibit recent cardiac infarction patients from participating in our dietary protocol.

#### **Heart Valve Problems (NPA)**

**Which Protocol?** None, unless Dieter obtains prior approval from cardiologist or primary care physician.

**Why?** A minor dysfunction with one of the person's heart valves. \*See Blood Clot above for more information.

#### **Heart Valve Replacement (NPA)**

**Which Protocol?** None, unless Dieter obtains prior approval from cardiologist or primary care physician.

**Why?** Mechanical valve: This is an "artificial valve" usually made of a non-reactive metal. Anti-coagulant therapy (usually warfarin sodium) is very critical here.

Natural valve (porcine): Here the patient's valve has been replaced with a heart valve from a pig. While not as prone to clot formation as a mechanical valve, anti-coagulant therapy is still used.

\*See Blood Clot above for more information.

#### **Hyperlipidemia**

**Which Protocol?** Either protocol

**Recommendations:** As medications are prescribed according to the patient's weight, the Dieter's medication needs will have to be reevaluated. Should the Dieter feel uncomfortable at any point during the Method, refer to doctor immediately.

#### **Hyperkalemia (NPA)**

**Which Protocol?** None, unless Dieter obtains prior approval from cardiologist or primary care physician.

**Why?** A condition in which the patient's potassium levels are too high. Therefore, these clients would probably not be allowed to take our potassium supplement.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ DOB: \_\_\_\_\_ (DD/MM/YY) Initials: \_\_\_\_\_



### 3. Cardiovascular Function (Explanation)

#### **Hypokalemia (NPA)**

**Which Protocol?** None, unless Dieter obtains prior approval from cardiologist or primary care physician.

**Why?** A condition in which the patient's potassium level is too low. Generally, they will be taking a RX potassium supplement.

#### **Hypertension (NPA)**

**Which Protocol?** Either protocol, depending on other conditions (i.e. a hypertensive Type 1 diabetic would be placed on the Alternative protocol.

**Recommendations:** It is imperative that the dieters understand that this is a very low sodium diet and they must liberally use the salt provided in the Protocol.

Be extremely watchful of dehydration and low sodium symptoms: weakness, dizziness, "brain fog" and headaches. Should a dieter consume caffeine, for every cup of caffeine an extra cup of water must be consumed in addition to the mandatory daily 2 liters.

#### **Pulmonary Embolism (NPA)**

**Which Protocol?** None, unless Dieter obtains prior approval from cardiologist or primary care physician.

**Why?** This is a condition where a blood clot has lodged into one of the arteries of the lungs. The clot usually comes from a vein in the leg or pelvic region and can be fatal is not properly treated.

**Recommendations:** Usual maintenance involves anti-coagulant therapy, so if it is warfarin sodium the monitoring physician would have to get a baseline "PT" (pro-thrombin time) and do weekly follow-ups until blood clotting times are stable.

\*See Blood Clot above for more information.

#### **Stroke or TIA (NPA)**

**Which Protocol?** None, unless Dieter obtains prior approval from cardiologist or primary care physician.

**Why?** A stroke is a blood clot in a small vessel in the brain OR a hemorrhage (rupture of a blood vessel).

\*See Blood Clot above for more information.

#### **Congestive Heart Failure (NPC)**

**Which Protocol?** None. These Dieters may only be seen by prescribing Ideal Protein Clinics.

**Why?** If a weakened and enlarged heart is subjected to changes in serum electrolytes, its mechanical function could be theoretically compromised. We therefore prohibit recent cardiac infarction patients from participating in our dietary protocol.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ DOB: \_\_\_\_\_ (DD/MM/YY) Initials: \_\_\_\_\_



**4. Kidney Function**  N/A

Have you had any of the following conditions:

- Kidney Disease (NPA)
- Kidney Transplant (NPA)
- Kidney Stones

Do you presently have gout?  Yes  No Since when: \_\_\_\_\_

If yes, what medication has been prescribed? \_\_\_\_\_

If no, have you ever had gout?  Yes  No

If yes, when? \_\_\_\_\_

If yes to any of these events, please give dates of events. For multiple events please specify:  
\_\_\_\_\_  
\_\_\_\_\_

**4. Kidney Function** (Explanation)

**Kidney Stones/Gout**

Which Protocol? Either Protocol and a base line CMP would be highly recommended.  
Recommendations: Dieters with a history of gout or kidney stones MUST be instructed to drink at least 3 liters of water per day.

**Kidney Disease/Transplant (NPA)**

Which Protocol? None, unless Dieter obtains prior approval from primary care physician.  
Why? The kidneys are extensively involved in acid/base balance and gluconeogenesis, two processes that play a major part in the Ideal Protein Protocol. For this reason, severe kidney dysfunction is a contraindication for the program.

**5. Liver Function**  N/A

Have you ever had any liver conditions?  Yes  No Date: \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Have you ever had a gallstone incident?  Yes  No

**5. Liver Function** (Explanation)

**Liver issues (NPA)**

Which Protocol? None, unless Dieter obtains prior approval from primary care physician  
Recommendations: Current liver function tests (LFTs) are recommended.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ DOB: \_\_\_\_\_ (DD/MM/YY) Initials: \_\_\_\_\_



## 6. Colon Function N/A

Do you have any of the following conditions:

- |  |   |
|--|---|
| <input type="checkbox"/> Constipation    | <input type="checkbox"/> Diverticulitis           |
| <input type="checkbox"/> Crohn's Disease | <input type="checkbox"/> Irritable Bowel Syndrome |
| <input type="checkbox"/> Diarrhea        | <input type="checkbox"/> Ulcerative Colitis       |

If yes to any of these conditions, please give dates of events. For multiple events please specify:

---

---

## 6. Colon Function (Explanation)

### Constipation / Diarrhea

Which Protocol? Either Protocol

**Recommendations:** The coach should note if the Dieter is prone to diarrhea or constipation.

Diarrhea usually improves when beginning weight loss. An episode of diarrhea, although uncommon, is usually indicative of a cleansing effect and is most often self-limiting. Be mindful of hydration. Should diarrhea persist, or if blood is observed in the stools and/or a low-grade fever is present, their physician should be consulted.

Constipation is a more common occurrence, generally caused by:

- Not drinking the minimum 2 liters of water daily
- Not eating the two green salads per day
- Not consuming the required 4 cups of vegetables daily
- Not taking all of the required supplements

In case of constipation, do not recommend a fiber laxative.

### Crohn's Disease / Ulcerative Colitis

Which Protocol? Either Protocol

**Recommendations:** These Dieters may take the recommendations found in Diverticulitis.

### Diverticulitis

Which Protocol? Either Protocol

**Recommendations:** One day a week (Sundays usually work well), have the patient assemble all of the vegetables that they like. They need 28 cups (4 cups per day x 7 days). Add to a soup pot about a quart of fat-free chicken or vegetable stock and add the vegetables. Bring to a boil and season as they wish. Ensure they add plenty of Ideal Salt.

Reduce heat and simmer until vegetables are very soft. Cool, then puree the soup in a food processor. Divide the mixture in 7 zip-lock freezer bags. One bag per day will provide the entire vegetable intake required and will be very gentle on their intestinal tract.

### Irritable Bowel Syndrome

Which Protocol? Either Protocol

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ DOB: \_\_\_\_\_ (DD/MM/YY) Initials: \_\_\_\_\_



## 7. Digestive Function N/A

Do you have any of the following conditions:

- |  |   |
|--|---|
| <input type="checkbox"/> Acid Reflux         | <input type="checkbox"/> Gluten intolerance                 |
| <input type="checkbox"/> Celiac Disease      | <input type="checkbox"/> Heartburn                          |
| <input type="checkbox"/> Gastric Ulcer (NPA) | <input type="checkbox"/> History of Bariatric Surgery (NPA) |

If so, what type of bariatric surgery? \_\_\_\_\_

## 7. Digestive Function (Explanation)

### Acid Reflux

Which Protocol? Either Protocol

**Recommendations:** Watch sugar content of liquid antacids.

### Celiac Disease

Which Protocol? Either Protocol

**Recommendations:** These dieters should only be given our certified gluten-free products.

### Gastric Ulcer (NPA)

Which Protocol? None, unless Dieter obtains prior approval from primary care physician.

**Why?** A gastric ulcer is a lesion on the stomach wall, which can bleed. A prior medical approval is necessary to ensure their ulcer is healed.

### Gluten Intolerance

Which Protocol? Either Protocol

**Recommendations:** These dieters should only be given our certified gluten-free products.

### Heartburn

Which Protocol? Either Protocol

**Recommendations:** Watch sugar content of liquid antacids.

### Bariatric Surgery (NPA)

Which Protocol? None, unless Dieter obtains prior approval from surgeon or from primary care physician.

**Why?** Bariatric Surgery, whether gastric bypass, the installation of a lap-band or of other similar devices, is a laparoscopic procedure. A series of very small incisions are made in the abdomen, and instruments are inserted through in order for the surgeon to resect part of the stomach, or insert a lap-band.

**Potential Dieters considering or having been through Bariatric Surgery may present underlying health issues, which neither the coach, nor the Dieter may be aware of.**

For recovering Dieters, the healing process being anabolic, placing a person on any weight loss program considering the catabolic nature of weight loss may seriously compromise their recovery.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ DOB: \_\_\_\_\_ (DD/MM/YY) Initials: \_\_\_\_\_





**8. Ovarian/Breast Function**  N/A

Do you currently have any of the following conditions:

<input type="checkbox"/> Amenorrhea	<input type="checkbox"/> Irregular periods
<input type="checkbox"/> Fibrocystic Breasts	<input type="checkbox"/> Menopause
<input type="checkbox"/> Heavy periods	<input type="checkbox"/> Painful periods
<input type="checkbox"/> Hysterectomy	<input type="checkbox"/> Uterine Fibroma

Date of last menstrual cycle: \_\_\_\_\_

Are you taking oral contraceptive pills?  Yes  No

Are you pregnant?  Yes  No

Are you breastfeeding?  Yes  No

**8. Ovarian/Breast Function** (Explanation)

**Ovarian/Breast Functions**  
 Which Protocol? Either Protocol  
**Recommendations:** Women with any of the above conditions may participate in the Ideal Protein Protocol without prior medical approval.

It is important to note the week the Dieter gets her period. She will retain water the week prior, and may not see a weight loss that week. A greater loss should be noted on the following week, as weight loss still occurs as the water retained masks the change on the scale.

Because estrogen may be stored in fat cells and visceral fat cells produce estrogen, free estrogen can be released into the blood stream during weight loss. Irregular, longer and/or heavier periods may result.

Post-menopausal women may start "spotting". Should this occur, the Dieter should be referred to her OB/GYN to rule out any other cause of uterine bleeding.

Because estrogen levels may affect the efficacy of oral contraceptives, hormonal patches and hormonal injections, women using these forms of birth control should be advised to use an additional method of birth control during the weight loss phases.

**Pregnant/Breastfeeding**  
 Which Protocol? None  
**Why?** This patient population should never be placed on any weight loss diet or a diet restricting complete food groups.

**9. Endocrine Function**  N/A

Do you have thyroid problems?  Yes  No  
 If so, please specify: \_\_\_\_\_

Do you have parathyroid problems?  Yes  No  
 If so, please specify: \_\_\_\_\_

Do you have adrenal gland problems?  Yes  No  
 If so, please specify: \_\_\_\_\_

Have you been told you have Metabolic Syndrome?  Yes  No

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ DOB: \_\_\_\_\_ (DD/MM/YY) Initials: \_\_\_\_\_



**9. Endocrine Function** (Explanation)

**Endocrine function**

Which Protocol? Either Protocol

**Recommendations:** Have the dieter take his levothyroxine medication first thing in the morning, on an empty stomach upon arising. No Ideal Protein supplements are to be taken until after lunchtime.

**10. Neurological/Emotional Function**  N/A

Do you have any of the following conditions:

- Alzheimer's disease
- Anorexia (History of)
- Anxiety
- Bipolar disorder
- Bulimia (History of)
- Depression
- Epilepsy (NPA)
- Panic attacks
- Parkinson's disease
- Schizophrenia

Other issues: \_\_\_\_\_  
\_\_\_\_\_

**10. Neurological/Emotional Function** (Explanation)

**Alzheimer's disease**

Which Protocol? None

**Why?** Plaques forming in the neurons of the brain cause this disease. As the disease progresses, cognitive function is greatly impaired, necessitating long term institutional care. These patients are therefore not candidates for either protocol.

**Emotional Function**

Which Protocol? Either Protocol

**Recommendations:** Dieters taking anti-depressants may feel that the protocol will not work, as the most commonly known side effect of most is weight gain. They can be reassured that their weight loss should be the same as a person not taking these medications.

These dieters will require patience; empathy and more time and for this reason, are not recommended for beginning coaches.

Recommend Dr. Tran's book ...*Because it's Your Life* to them. It offers much insight into the emotional and psychological factors involved in weight gain/loss.

**Lithium/Bipolar Disorder**

Which Protocol? None

**Why?** The interaction between sodium and lithium may cause fluctuations in the lithium levels. If the lithium level becomes too high, toxic side effects (confusion, nausea and unconsciousness) can result. Because this is such a potentially serious issue, lithium therapy is an absolute contraindication.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ DOB: \_\_\_\_\_ (DD/MM/YY) Initials: \_\_\_\_\_



## 10. Neurological/Emotional Function (Explanation – continued)

### Parkinson's disease

Which Protocol? None

Why? Protein decreases the amount of drug the patient's body absorbs and symptoms can become more severe.

### Epilepsy (NPA)

Which Protocol? None, unless Dieter is seizure-free for at least one year and obtains prior approval from neurologist

Why? Weight loss may change the amount of anti-convulsants the Dieter needs and must be monitored accordingly.

## 11. Inflammatory Conditions N/A

Do you have any of the following conditions:

- |   |   |
|---|---|
| <input type="checkbox"/> Chronic Fatigue Syndrome                   | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Fibromyalgia                               | <input type="checkbox"/> Osteoarthritis     |
| <input type="checkbox"/> Lupus                                      | <input type="checkbox"/> Psoriasis          |
| <input type="checkbox"/> Migraines                                  | <input type="checkbox"/> Rheumatoid         |
| <input type="checkbox"/> Other autoimmune or inflammatory condition |   |

## 11. Inflammatory Conditions (Explanation)

### Inflammatory Conditions

Which Protocol? Either Protocol

**Recommendations:** These Dieters may have long periods of being symptom-free, but may experience sudden acute flare-ups. They should not start the protocol while experiencing one. Wait until the symptoms cease before beginning.

## 12. Cancer N/A

Do you have cancer? (NPC)  Yes  No

If so, what type and where is it located? \_\_\_\_\_

Have you ever had cancer? (NPC)  Yes  No

If so, what type and where is it located? \_\_\_\_\_

Is your cancer in remission? (NPC)  Yes  No

If so, how long have you been in remission? \_\_\_\_\_ (mm/yy)

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ DOB: \_\_\_\_\_ (DD/MM/YY) Initials: \_\_\_\_\_



## 12. Cancer (Explanation)

**Cancer or history of cancer** (NPC) (NPA – see below)

Which Protocol? None, unless dieter obtains prior approval from oncologist

Why? Certain cancers may be stimulated by hormonal changes, particularly female reproductive cancers such as breast, ovarian, and uterine. Because levels of estrogen may transiently increase during the weight loss phases of the method, estrogen receptor-positive tumors theoretically could be stimulated.

## 13. General N/A

Do you have any other health problems?  Yes  No

If so, please specify:

---

---

## 14. Allergies N/A

Do you have any food allergies or sensitivities?  Yes  No

If so, please specify:

---

---

---

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ DOB: \_\_\_\_\_ (DD/MM/YY) Initials: \_\_\_\_\_



## 15. Eating Habits

(Please provide honest answers so that we can help you)

### BREAKFAST

Do you have breakfast every morning?  Yes  Sometimes  No  Never

Approximate time: \_\_\_\_\_

Examples:

\_\_\_\_\_  
\_\_\_\_\_

Do you have a snack before lunch?  Yes  Sometimes  No  Never

Approximate time: \_\_\_\_\_

Examples:

\_\_\_\_\_  
\_\_\_\_\_

### LUNCH

Do you have lunch every day?  Yes  Sometimes  No  Never

Approximate time: \_\_\_\_\_

Examples:

\_\_\_\_\_  
\_\_\_\_\_

Do you have a snack before dinner?  Yes  Sometimes  No  Never

Approximate time: \_\_\_\_\_

Examples:

\_\_\_\_\_  
\_\_\_\_\_

### DINNER

Do you have dinner every day?  Yes  Sometimes  No  Never

Approximate time: \_\_\_\_\_

Examples:

\_\_\_\_\_  
\_\_\_\_\_

Do you have a snack at night?  Yes  Sometimes  No  Never

Approximate time: \_\_\_\_\_

Examples:

\_\_\_\_\_  
\_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ DOB: \_\_\_\_\_ (DD/MM/YY) Initials: \_\_\_\_\_



**OTHER**

Are you a vegan?  Yes  No

Strict vegans do not qualify due to too many dietary restrictions.

Are you a vegetarian?  Yes  No

Do you smoke?  Yes  No

If so, how many per day? \_\_\_\_\_

For how many years? \_\_\_\_\_

Do you drink alcohol?  Yes  No

If so, what and how often? \_\_\_\_\_

How many glasses of water do you drink per day? \_\_\_\_\_ glasses per day

How many cups of coffee do you drink per day? \_\_\_\_\_ cups per day

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ DOB: \_\_\_\_\_ (DD/MM/YY) Initials: \_\_\_\_\_





## Confirmation of full health status disclosure by the client and agreement to arbitrate disputes

I confirm that the information that I have provided to my Ideal Protein™ Protocol service provider (the "Clinic") and that is recorded by me on this Ideal Protein™ Health Profile is true, complete and accurate and that I have not withheld or otherwise omitted, whether in whole or in part, any information concerning my health status. In this respect, I confirm that I have disclosed all past and present i) physical and/or mental health problems or concerns that I have experienced, ii) diagnoses and/or surgeries that I have had, and iii) medications and supplements that were prescribed to me or that I have taken.

Without limitation to the foregoing, I specifically confirm that I do not have any of the **conditions** and that I am not taking any of the **medications specifically highlighted in purple / identified as NPC or NPA on this form**. Furthermore, I understand that I should not be undertaking or otherwise following the Ideal Protein™ Protocol if I have any of the said conditions or if I am currently taking any of the said medications unless i) I specifically consult with a medical doctor concerning my suitability to go on the Ideal Protein™ Protocol, ii) remain under the supervision of said medical doctor while I am on the Ideal Protein™ Protocol, and iii) provide documentation confirming the foregoing.

I understand that if i) I have any of the aforementioned conditions or if I am currently taking any of the aforementioned medication, ii) have not disclosed same to the Clinic and iii) nevertheless chose to follow on the Ideal Protein™ Protocol without specific supervision, such decision will be completely voluntary, and I, for myself and my successors, release and discharge the Clinic as well as Ideal Protein of America Inc., their parent companies, subsidiaries and affiliates and each of their respective shareholders, directors, employees, agents, representatives, successors and assigns (collectively, the "Releasees") from any and all damages, liability, claims and causes of action of any nature whatsoever (including for injury, illness or death) that may result from such voluntary and informed decision of following the Ideal Protein™ Protocol.

I confirm that the Ideal Protein™ Protocol has been explained to me, that I have had the opportunity to ask questions relating to the Ideal Protein™ Protocol, that I have been provided with the answers to such questions and that I understand the importance of strictly following the Ideal Protein™ Protocol as explained to me verbally and in the materials provided to me, both before and during the period I will be following the Ideal Protein™ Protocol.

Without limitation to the foregoing, I confirm that I have been advised that because the Ideal Protein™ Protocol limits the ingestion of certain foods, it is important that I consume the recommended vitamins and minerals while I am on the Ideal Protein™ Protocol.

I undertake to disclose immediately to the Clinic any and all changes in my health status, discomfort, symptoms or other health concerns that I may experience while I am following the Ideal Protein™ Protocol.

I specifically agree that all claims against any of the Releasees that I may have or choose to make shall only be submitted to binding arbitration under the rules of the Arbitration Act or similar statute of my state of residence, and I waive any rights to pursue any claims or causes of action in any court of law.

Signed in _____ (city/state), on this _____ day of _____, 20_____.	
Name of witness (print):	_____
Name of client (print)	_____
_____	_____
Client Signature	Witness Signature

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ DOB: \_\_\_\_\_ (DD/MM/YY) Initials: \_\_\_\_\_