



INTERNAL MEDICINE
& FAMILY PHYSICIANS

Metabolic Health Profile

First name: _____ Last name: _____

Referred By: _____

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 SOMETIMES

If yes, what kind?

How Often?

Twice a week Daily Weekly Other _____

Do you have a (circle all that apply)

FitBit etc. Home Scale Home Exercise Equipment Trainer Nutritionist

GYM _____ Food Scale Calorie Counter APP 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.)

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? _____6_____

Who is your primary care physician (family doctor)?

Allen Sharp Meier Vinton Oberlies

Drug Allergies N/A Yes _____

Do you have any food allergies or sensitivities? Yes No If so, please specify:

EATING HABITS (Please list what you eat)

BREAKFAST Do you eat breakfast? Yes Sometimes No Never Approximate time:

Examples: (do not skip this!!)

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

Examples: (do not skip this!!)

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:

Are you a vegan? Yes No

Have you ever had an eating disorder? Yes No Unsure

Do you consider yourself a picky eater? Yes No Unsure

If yes, list any "food aversions" _____

Are you a vegetarian? Yes No

Do you smoke? Yes No

Do you drink alcohol? Yes No If so, what and how often? ___twice a week_____

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

What is your biggest FEAR with starting a new diet program?

What is your biggest CONCERN with starting a new diet program?

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 will remain under the supervision of said medical doctor while I am on the Ideal Protein Protocol, and provide documentation of any changes in my health condition or medications.

I understand that if I have any undisclosed conditions or if I am currently taking any undisclosed medication that have not disclosed same to the Clinic and 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. I am aware my information may be used for investigational or research purposes and the "clinic" may use my results as a promotional tool. I agree to participate in social media activities if indicated on separate form.

Signed in _____ (city/state), on this _____ day of _____, 20____.

Name of witness (print): _____

Witness Signature: _____

Name of client (print) _____

Client Signature Witness Signature _____