



Health History

Date: _____

Name: _____ Email: _____

Best Phone to Contact: _____ Alternative Phone Number: _____

Address : _____

DOB: _____ Occupation: _____

Referred By: _____

Family – Spouse/Partner, Kids, Creatures _____

Family Physician: _____ Phone Number: _____

Height _____ Weight: _____

- Do you have a pacemaker? yes no
(If yes, you will not be able to utilize the BioImpedence Machine.)
- Are you currently on Prednisone? yes no
(If yes, you will need to wait until you are off the medicine to start the protocol.)
- Are you pregnant or nursing? yes no
(The 1-2-3 Weight Loss Protocol is not acceptable for women who are pregnant or nursing.)
- Have you ever been diagnosed with alcoholism? yes no
(Please talk to your Weight Loss Consultant for alternatives.)
- List all medications and supplements (i.e., antibiotics, aspirin, etc.).
Please bring supplements to your first appointment.

Name :		Purpose :		Dose/How Often:	
Name :		Purpose :		Dose/How Often:	
Name :		Purpose :		Dose/How Often:	
Name :		Purpose :		Dose/How Often:	
Name :		Purpose :		Dose/How Often:	

Please check off any of the following conditions or symptoms which apply to you now or in the past:

- | | | |
|-----------------------------|-------------------------|------------------------|
| _____ Fevers | _____ Chills | _____ Tremors |
| _____ High Blood Sugar | _____ Low Blood Sugar | _____ Heavy Sleep |
| _____ Headaches | _____ Fatigue | _____ Dry Skin |
| _____ Sleepy During The Day | _____ Day Dreams | _____ Eczema/Psoriasis |
| _____ Sensitive Abdomen | _____ Rash | _____ Vertigo |
| _____ Cold back | _____ Night Sweats | _____ Sweat Easily |
| _____ Localized Weakness | _____ Poor Coordination | _____ Hives |

Please list any allergies

Past Medical History (please include dates)

Childhood Diseases? _____

Please List Surgeries: _____

Accidents / Significant Traumas: _____

Other Injuries/Broken Bones? _____

Are you currently, or have you at any time within the last 12 months been under the care of a physician? If yes, explain:

Daily Eating Habits (List Typical Food/Beverage and Time):

Breakfast:

Lunch:

Dinner:

Snacks:

Do you currently smoke? yes no

Do you currently chew tobacco? yes no

Do you crave or eat... _____ Sugar? _____ Salt? _____ Chocolate?

Caffeine use: (amount per day/ week, include coffee, tea, colas, etc.)

List Physical Exercise or Other Body Movement Program

Activity: _____ How Often: _____

Activity: _____ How Often: _____

Activity: _____ How Often: _____

How much water do you drink each day? _____

How much weight do you wish to lose? _____

I have completed this health form to the best of my knowledge. I understand that 1-2-3 Weight Loss Clinic is a coaching clinic for weight loss and is not providing medical advice. Any information exchange during a coaching session is confidential and only used to provide you with the best service.

Signature _____ Date: _____



Copyright Statement

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Medical Disclaimer

The packet provides weight loss management information and is intended only to assist users in their personal weight loss efforts. 1-2-3 Weight Loss Clinic is not a medical organization and our staff will not give you medical advice or diagnosis. Nothing contained in this packet should be construed as medical advice or diagnosis. The information generated by us should not be interpreted as a substitute for physician consultation, evaluation, or treatment.

You are urged and advised to seek the advice of a physician before beginning any weight loss effort or regimen. This information is not meant to replace the advice of any physician. Do not rely upon any information to replace the consultations or advice received by qualified health professional regarding your own specific situation. The packet is provided solely for your further evaluation of the information provided in Kevin Trudeau's book *The Weight Loss Cure "They" Don't Want You to Know About*. Any information provided by 1-2-3 Weight Loss Clinic should NEVER be construed as medical advice.

If you have any question in your mind regarding any lingering health concern, you should seek medical assistance. If you are not satisfied with the advice being rendered by your current physician, you always have the right to obtain another medical opinion. We are not physicians or doctors at 1-2-3 Weight Loss Clinic. We are weight loss consultants who support Dr. Simeon's weight loss protocol as referred in Kevin Trudeau's *The Weight Loss Cure "They" Don't Want You to Know About*.

It is important for you to understand the 1-2-3 Weight Loss Clinic is staffed entirely by weight loss consultants who are neither physicians nor pharmacists.

We are required by law to post the following information, although we disagree with the FDA's conclusions: The FDA has not approved hCG and there is no substantial evidence that hCG is effective in the treatment of obesity.

Signature: _____ Date: _____



Client Agreement

I, _____, have chosen to participate in the 1-2-3 Weight Loss Clinic for weight loss, which includes diet, behavior changes and supplements. I am aware that results may vary and are not guaranteed. With the diet protocol, there are possible risks of fatigue, mild headaches, etc. I agree that I have been counseled on a specific weight loss program for me with diet and supplements to attain my targeted weight loss. I must follow the program to achieve the desired results. I have read and understand all disclosures provided by 1-2-3 Weight Loss Clinic.

This agreement will begin on _____ and end on _____. This is a 12-week program that includes 3 consultant appointments (over the phone or at the Clinic) before each Phase of the protocol and unlimited email support for the 12 weeks. If your consultant is unavailable, 1-2-3 Weight Loss Clinic will provide another consultant to fulfill this agreement.

Once your 12 week protocol with 1-2-3 Weight Loss Clinic has started (i.e., you meet with your weight loss consultant for the first time), no refund or part refund will be rendered.

In the event you need to cancel your appointment with your consultant, kindly give 24 hours notice. If you fail to do so, a \$25 charge will be added to your account.

Do not sign this contract before you read this entire agreement, because all terms and agreements are a part of this agreement. The Client acknowledges that they have been given the following information: (a) that this document is a contract and will become a legally binding contract upon its acceptance by 1-2-3 Weight Loss Clinic; (b) the terms and conditions of this contract; (c) that the Client assumes any and all risks involved in the participation of the weight loss protocol; and (d) that you have receive a completed copy of this agreement and agree to be bound thereby.

The Client understands that he/she:

- ✚ is responsible for contacting his/her Consultant on a daily basis;
- ✚ makes a full commitment to implement the 1-2-3 Weight Loss Protocol;
- ✚ sets up all appointments for consultations before each Phase;
- ✚ will keep a daily food log with notes regarding emotions, exercise, etc.;
- ✚ take full responsibility for his/her decisions and actions; and
- ✚ will need to change eating habits and/or lifestyle to maintain the weight loss.

Print Name: _____

Signature: _____ Date: _____

Consultant Signature: _____ Date: _____