



Albert Einstein College of Medicine Of Yeshiva University

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Dear Healthcare Provider,

Your patient is interested in becoming a participant in the CCARB Study. The CCARB Study is a five year epidemiological study that is following a cohort of people who use low carbohydrate diets for weight loss and other health-related purposes. Low carbohydrate diets are defined for the CCARB Study as those containing no more than 25% of their daily calories as carbohydrates.

We are trying to objectively determine participants' weights and heights at baseline and at annual intervals and would very much appreciate it if you or staff would complete this form and put your license number on the form.

If you would like further information about the study, please don't hesitate to call or write us. It would be my pleasure to talk with you personally.

Sincerely,

CJ Segal-Isaacson, EdD, RD

ANNUAL WEIGHT AND HEIGHT DOCUMENTATION FORM

Please measure patient in street clothes, after voiding, with empty pockets and without shoes on

Date Completed: _____

Please print patient's **first** name:

Please print patient's **last** name:

Height: _____ (to the nearest half inch)

Current Weight: _____ (to the nearest pound)

Healthcare Provider's Printed Name: _____ Signature: _____

Healthcare Provider's Title: _____ License Number: _____