MediPro™ DIRECT Slim

New Client Intake Form

Personal Information

Last Name	First Name	M.I.

Date of Birth	E-mail

Mailing Address

City	State	Zip Code

Home Phone	May we leave a message at this number?	○ Yes ○ No
Alternate Phone	May we leave a message at this number?	○ Yes ○ No

Occupation	Hours per Week

Medical Provider Information

Primary Healthcare Provider	Last Visit

Location of Your Provider

Health Information

Primary Health Concerns

Past Hospitalizations

Past Surgeries

Current Medications

Current Supplements

Allergies (food/drug/environmental)

Current Exercise (type and frequency)

Do you smoke? ○ Yes ○ No ○ Previously

Do drink caffeine? ○ Yes ○ No ○ Previously

How often do you drink alcohol?

Do you have, or have you ever had, any of the following (check all that apply):

- ☐ Anemia
- ☐ Anorexia or Bulemia
- ☐ Anxiety Disorder
- ☐ Any Psychiatric Disorder
- ☐ Asthma
- ☐ Blood Disorders
- ☐ Cancer
- ☐ Chronic Constipation
- ☐ Chronic Fatigue Syndrome
- ☐ Chronic Lung Problems
- ☐ Diabetes
- ☐ Eye Problems
- ☐ Frequent Headaches
- ☐ Heart Attack or Angina
- ☐ Heart Murmurs
- ☐ Heart Palpitations
- ☐ Hepatitis
- ☐ High Blood Pressure
- ☐ High Cholesterol Triglycerides
- ☐ Kidney Problems
- ☐ Low Blood Sugar
- ☐ Neurological Disorders
- ☐ Panic Attacks
- ☐ PMS or Hot Flashes
- ☐ Seizures or Epilepsy
- ☐ Shortness of Breath
- ☐ Swollen Ankles
- ☐ Thyroid Problems
- ☐ Other Serious Health Conditions

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If you checked off any of the conditions on the previous page, please provide further details:

Female Client Only

Start date of your last menstrual cycle	Are you breastfeeding? O Yes O No
Are you pregnant or trying to get pregnant? O Yes O No O Trying O Using birth control	

Family History

Cancer O Yes O No	If yes, who?
Diabetes O Yes O No	If yes, who?
Obesity O Yes O No	If yes, who?
Heart Disease or Stroke O Yes O No	If yes, who?

Nutrition & Diet

Do you follow a particular diet? O Yes O No	If yes, please describe:
Have you gained or lost weight recently? O Yes O No	If yes, please describe:
What are the names of the weight loss programs or diets that you have tried?	
Do you drink diet soda or use artificial sweeteners? O Yes O No	
Do you normally eat breakfast? O Yes O No	
Have you ever tried a weight loss program using HCG in the past? O Yes O No	
How much weight would you like to lose?	

Please list foods that you eat regularly for:

Breakfast
Lunch
Dinner
Snacks
Normal water intake

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Signature

My signature below warrants that I have completed this questionnaire truthfully and accurately. My records will be kept confidential and will only be shared with the physicians and staff. My written consent is required for any sharing of information outside of MediPro Direct Slim™.

I understand that the staff and physicians are providing services to me related specifically for, and only to, the issue of medically supervised weight loss. The interview with the physician is related only to the area of medically supervised weight loss. The doctor's examination does not represent a complete history and physical or any other area of medical practice.

Print Name	
Signature X	Date / /
Legal guardian's signature for minors X	Date / /

How did you hear about the MediPro Direct Slim™ Program?

Name of Referral	Relationship
Internet (please be specific)	
Other (please be specific)	

Do you know anyone who has lost weight on the MediPro Direct Slim™ Program?	O Yes	O No
Have you read *The Weight Loss Cure* by Kevin Trudeau?	O Yes	O No
Have you read *Pounds and Inches: The New Approach to Obesity* by Dr. Simeons?	O Yes	O No

Acknowledgement of Receipt of Statement of Privacy Practices

I acknowledge that I have received a copy of the Statement of Privacy Practice. The Statement of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment for services, or in the performance of office operations. The Statement of Privacy Practices also describes my rights and the responsibilities and duties of this office with respect to my protected health information. The Statement of Privacy Practices is also posted in the facility.

MediPro Direct Slim™ reserves the right to change the privacy practices that are described in the Statement of Privacy Practices. If privacy practices change, I will be offered a copy of the revised Statement of Privacy Practices at the time of my first visit after the revisions become effective. I may also obtain a revised Statement of Privacy Practices by requesting that one be mailed to me.

Additional Disclosure Authority

In addition to the allowable disclosure described in the Statement of Privacy Practices, I hereby specifically authorize disclosure of my protected health care information to the persons indicated below.

Personal Representative (optional)	Relationship
Print Client Name	
Client or Personal Representative Signature X	Date / /

MediPro™ DIRECT Slim

Consent for Treatment with HCG

Please initial each section to indicate that you understand each topic.
Do not initial if you desire more information.

Proposed Treatment

The MediPro Direct Slim™ HCG protocol is for the reduction of excessive weight. A key component of the protocol is the use of HCG (Human Chorionic Gonadotropin). The HCG will either be administered orally or through an injection. The use of HCG for weight loss was first identified by A.T.W. Simeons, M.D. in the 1960s. The publication of his book, Pounds and Inches The New Approach To Obesity in 1969 has made his protocol available globally. The therapeutic protocol used in this program does not exceed the HCG dosing recommended by Dr. Simeons. This protocol does include dramatic calorie restriction during the rapid weight loss phase.

Initials: _____

Anticipated Benefit

The MediPro Direct Slim™ HCG protocol is designed to yield rapid weight loss, often reported at 1/2 to 1 pound per day during the weight loss phase of the program. Our protocol includes several features to help assure the maintenance of lean muscle mass during the rapid weight loss phase. By bringing your weight into a more healthy range (BMI of 18 to 23 for men and 20 to 25 for women) the benefit would include improvement in the body's maximum functioning with a well known decrease in many health concerns including, but not limited to, risks of developing cancer, diabetes, heart disease and high blood pressure.

Initials: _____

Risks & Complications

Possible side-effects of HCG may include transient headache or allergic reaction. When an injection is administered there is always a risk of infection at the injection site. The use of HCG for other medical treatments is at a much higher dosage (as is used during fertility treatment for both males and females).

There is no evidence that the use of the small doses in Dr. Simeons protocol has any effect on increasing or decreasing fertility. For clients with high blood pressure who are on medication, there is always a concern that they may require a decrease in the dosage of medication as they lose weight because of a natural improvement of blood pressure. For clients with diabetes who are on medication or insulin there is always a concern that they may require a decrease in the dosage of medication as they lose weight because of a natural improvement in blood sugar levels. For clients who are prone to low blood sugar (hypoglycemia) there is a risk that their blood sugar may become low at different times during the day.

Initials: _____

Pregnancy & Breastfeeding (female client)

The use of HCG in the doses used in our protocol will not have any known effect on the client's ability to become pregnant. We do not start treatment on a pregnant woman. If a client becomes pregnant during the treatment she is to notify our office and discontinue treatment during pregnancy and breastfeeding. Treatment will not be started while a woman is breastfeeding. By signing this consent I assert that I am not pregnant or breastfeeding.

Initials: _____

FDA Disclaimer

The FDA has not approved HCG for weight loss; its use for weight loss is considered an "off label" application. The use of HCG has not been demonstrated to be effective adjunctive therapy in the treatment of obesity. There is no substantial evidence that it increases weight loss beyond that resulting from caloric restriction, that it causes a more attractive or "normal" distribution of fat, or that it decreases the hunger and discomfort associated with calorie restricted diets.

Initials: _____

Additional Nutrients

The client chooses which delivery system of HCG they would prefer: by mouth at home or by subcutaneous injection at home. If the client chooses to visit a clinic location, the HCG may be administered by an intramuscular injection. When the HCG is given by intramuscular injection at the clinic it is mixed with a form of Vitamin B12 to help assure slow release over several days. In addition, at the clinic locations, the doctor may recommend the use of additional nutritional substances given intramuscularly to help further stimulate fat metabolism. The additional substances may include B vitamins, amino acids, essential and non-essential nutrients that work in conjunction with the hormone, HCG.

Initials: _____

Signature

I have carefully read and initialed the preceding sections of this consent for treatment with HCG. I understand that the use of HCG for weight loss is not approved by the Food & Drug Administration. My questions have been answered satisfactorily by the doctor and doctor's associates. With this knowledge, I voluntarily consent to the use of HCG. I realize that the doctor nor any personnel of MediPro Direct Slim has made no absolute guarantees to me regarding cure or improvement of my condition. I understand that I am free to discontinue participation in this treatment program at any time. I agree to the use of arbitration to settle legal controversies that may arise as part of my treatment program.

Print Name	
Signature X	Date / /
Legal guardian's signature for minors X	Date / /

The Following Disclaimer is Required by the FDA

HCG has not been demonstrated to be effective adjunctive therapy in the treatment of obesity. There is no substantial evidence that it increases weight loss beyond that resulting from caloric restriction, that it causes a more attractive or "normal" distribution of fat, or that it decreases the hunger and discomfort associated with calorie-restricted diets. The FDA has not approved HCG for weight loss.

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Statement of Privacy Practices

Office Policy

Our office is dedicated to protect the privacy rights of our clients and the confidential information entrusted to us. The commitment of each employee to ensure that your health information is never compromised is a principle concept of our practice. We may, from time to time, amend our privacy policies and practices but will always inform you of any changes that might affect your rights.

Protecting Your Personal HealthCare Information

We use and disclose the information we collect from you only as allowed by the Health Insurance Probability and Accountability Act and the state of Washington. This personal health information will never be otherwise given to anyone, even family members, without your written consent. You, of course, may give written authorization for us to disclose your information to anyone you choose, for any purpose.

Our offices and electronic systems are secure from unauthorized access and our employees are trained to make certain that the confidentiality of your records is always protected. Our privacy policy and practices apply to all former, current, and future clients, so you can be confident that your protected health information will never be improperly disclosed or released.

Collecting Protected Health Information

We will only request personal information needed to provide our standard of quality healthcare, implement payment activities, conduct normal healthcare practice operations, and comply with the law. This may include your name, address, telephone number(s), social security #, employment data, medical history, health records, etc.. While most of the information will be collected from you, we may obtain information from third parties if it is deemed necessary. Regardless of the source, your personal information will always be protected to the full extent of the law.

Disclosure of your Protected Health Information

As stated above, we may disclose information as required by law. We are obligated to provide information to law enforcement and governmental official under certain circumstances. We will not use your information for marketing purposes without your written consent.

We may use and/or disclose your health information to communicate reminders about your appointments including voicemail/answering machine messages, postcards, newsletters and special events.

Client Rights

You have the right to request copies of your healthcare information; to request copies in various formats; and to request a list of instances in which we, or our business associates, have disclosed your protected information for use other than stated above. All such requests must be in writing. We may charge you for copies in an amount allowed by law. If you believe your rights have been violated, we urge you to notify us immediately. You can also notify the U.S. Department of Health and Human Services.

We thank you for being a client at our office. Please let us know if you have any questions concerning your privacy rights and the protection of your personal health information.

MediPro™ DIRECT Slim

Cancellation Policy

Signature

I understand that I will pay for my sessions at the time service is rendered I agree to cancel/or reschedule my sessions at least 24 hours in advance. If I don't give 24 hours notice, I understand that I will be responsible for the entire appointment cost.

I have read this disclosure in detail and I understand the terms and refund/cancellation policy.

Print Name	
Signature **X**	Date / /

Please send me e-mail specials and news

Name	
E-mail	

We will never share your email address with another subscription provider or third party vendor.