

Dieter Profile

Date: _____ Name: _____ Gender: M F

Age: _____ Weight: _____ Weight loss goal (pounds to lose): _____ Body Fat%: _____

Why do you think you are overweight? _____

Telephone/best time to call: _____ Email: _____

Occupation (noting any exposure to toxins on the job): _____

Have you been on a diet in the last three months? Y N What type? _____

Examples of daily eating habits:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Water (per day): _____ Other fluids (per day): _____

When was your last physical? _____ Did it include a blood workup? _____

Challenges with: Blood pressure? Y N Cholesterol? Y N Triglycerides? Y N

Other? _____ Any allergies? Y N List: _____

Current daily medications: _____

Current daily supplements: _____

Supplements are mandatory during Stages #1 through #3 of the Protocol

Are you diabetic? Y N What type? _____ How long? _____

Do you experience either high or low blood sugar levels? Y N

Are you pregnant or lactating? Y N (if Yes, you cannot go on a *strict* Protocol)

Have you recently suffered from or been diagnosed with (If Yes to Kidney or Liver, *no* Protocol):

Thyroid problems? Y N Heart attack? Y N Kidney or Liver problems? Y N

Cancer? Y N Explain: _____

Are you fatigued most of the time? Y N Do you feel tired after eating? Y N

Any sleep challenges (snoring, apnea)? Y N Explain: _____

Do you have cravings? Y N List: _____

Do you suffer from heartburn, gas or bloating? Y N

Do you experience diarrhea, constipation, cramps, foul odor or other bowel movement issues? Y N

Please specify: _____

How many good, large bowel movements do you have per day? _____

How did you find out about The Pancreatic Protocol? _____

On a scale of 1-10, how committed are you to this program? _____

Are you interested in this program only for yourself, or in sharing with others if it works for you:

For myself only Possible share with others Definitely share with others

Comments: _____