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 Tina Johnson, AHNC *candidate*

hCG Intake Form

(Please print)

Name _____

Birth Date ____/____/____

Address _____

Sex _____ Height _____ Weight _____

What would be your ideal weight? _____

Referred by _____

Phone
 Home: (____) _____ - _____
 Work: (____) _____ - _____

Interests/Hobbies

Email Address _____

Menstrual History (females)

Are you...
 Premenopausal? _____ if yes, when is your
 cycle due? _____
 Postmenopausal? _____

Emergency Contact
 Name: _____
 Phone: _____
 Relationship: _____

Lifestyle

List your favorite foods or cravings

Do you have daily bowel movements? _____ Do you know your Basal Temp? _____

Use of coffee:
 Number of cups per day _____ Decaf coffee cups per day _____

Use of alcohol:
 beer _____ wine _____ liquor _____

Use of recreational drugs: (yes or no) _____

I exercise on a regular basis (yes or no) _____ Times per week _____

I do the following for recreation:

I sleep well (yes or no) _____

I currently see a mental health professional (yes or no) _____

I currently see a chiropractor, osteopath, rolfer, or another physical therapy professional (yes or no) _____

Current medications

List all prescriptions and non-prescriptions

Vitamin and mineral supplements

Type and dosage

Allergies

Medications and Foods

When would you like to get started on the hCG diet? _____

***Medical Disclaimer:** The products and/or claims made about specific products have not been evaluated by the United States Food and Drug Administration. They are only recommendations from Mind Body & Spirit Creating Balance, LLC. and are not intended to diagnose, cure or prevent disease. The information presented is not intended to replace advice from your physician or other health care professional or any information found on any product label or packaging. You should always consult with a qualified health care professional before starting any diet or supplementation program, especially if you are pregnant, nursing or taking prescription medications. All information offered are merely opinions regarding the diet proposed by Dr. Simeons. Losing 1 to 2 pounds a day is a result that many on the hCG diet have done, but is not a guarantee.*

YOUR SIGNATURE

____/____/____