SHAPE ReClaimed Questionnaire

OFFICE USE ONLY
DATE: _____
[ ] HA TODAY / PHASE II
[ ] HA IN ____ MONTHS
[ ] CURRENT HA NC PROT.

Patient: _____Age: _____M / F: Menstruating/ Menopausal/ Pregnant

Medication(s) List	Do you want to get Off this medication?	OFFICE USE ONLY	
		Date/Amt of Reduction	Or Elimination
	YES NO		
	YES NO		
	YES NO		
	YES NO		
	YES NO		
	YES NO		

Have you been formally diagnosed by a physician with Diabetes or Insulin Resistance? YES NO

Do you have a history of any of the following? Circle those that apply.

Gall Stones	**Gall Bladder Attacks**	**Gall Bladder Surgery**	**Skin issues: psoriasis, eczema, rashes, fungus**
Headaches	**Constipation**	**Belching/Indigestion**	**Pain in shoulders, hips, side of body**
Anger	**Knee Issues**	**Ear/Eyes Issues**	**Muscle tightness, cramping, spasms**

Are you currently undergoing any of the following cancer treatments?

Chemotherapy	**Radiation**	**Trial Drugs**

Main reason(s) for doing SHAPE ReClaimed?

1._____

2._____

3._____

What things can't you do due to Pain/ Inflammation/ Weight that you wish you could?

1._____

2._____

3._____

If you are doing SHAPE ReClaimed for weight loss, what are your short & long term goals?

SHORT TERM:	**LONG TERM:**

Food Habits

Do you mostly cook at home or do you mostly eat out? COOK AT HOME EAT OUT
Are you comfortable cooking in the kitchen? YES NO
Do you rely on recipes for cooking or do you get creative? RECIPES CREATIVE
Are you an emotional eater? YES NO
If yes, what emotion causes you to eat: ANGER SADNESS HAPPINESS GRIEF ANXIETY DEPRESSION OTHER
Do you eat out of boredom? YES NO
What food is your favorite / your weakness? _____

INFORMED CONSENT: I understand that if I am on any medications, I have been advised to consult my prescribing physician in regards to the dosage reduction and/or elimination of my medication(s) as my physiology changes while on the SHAPE ReClaimed program. I also agree to remain compliant with the guidelines of the program. If I stray from the requirements & recommendations outlined, I understand that results are not guaranteed and that continued purchase of SHAPE ReClaimed drops will not be allowed.

Signature: _____Date: _____