Preparing for Your Nutrition Consultation

Dear Patient:

Welcome!

We look forward to helping you with our specialized, therapeutic lifestyle program. It is very different from today's common medical approach. The Lifestyle program works to more clearly identify and overcome the cause of ill health, and then improve total body function naturally by nourishing, balancing and revitalizing the whole individual. It is powerful, effective, and rewards you with improved health and function that is long lasting!

Get Maximum Benefit From Your Appointment

Our consultation time with you is important! We analyze your personal and family health history, appropriate test results, current lifestyle and state of health, and clarify your health goals. We then guide you through a comprehensive, highly personalized, step-by-step program to achieve those goals. You can **get maximum benefit from the time reserved for your consultation by being prepared!**

1. Please fill out any requested paperwork (Health History and 5 Day Diet Log) before coming to our office, or arrive 15 minutes early and fill it out here.

2. Preparing for the Bio Impedance Analyzer Body Scan (BIA)

Prepare for your Bioimpedance Analysis (BIA Test) by adhering to the following guidelines:

a. Do not eat for 3 hours prior to testing.
b. Do not exercise for 12 hours prior to testing.
c. Do not consume alcohol for 24 hours prior to testing.
d. Try to drink (3) 8 ounce glasses of water before your test (can start drinking 2 hours prior to apt. time)
e. Do not drink caffeine the day of your test.
f. Insure access to your right foot with removable footwear (no pantyhose).
g. No lotion on your hands and feet.

3. Please value the time reserved for you by being punctual so as to benefit fully from your consultation.

IMPORTANT: Please call 24 hours in advance if you need to cancel your appointment as a courtesy to PPMA. Due to the popularity of the Lifestyle program all appointment times are often filled several weeks in advance with no openings for those desiring earlier appointments. Cancellation made at least 24 hours in advance allows us to accommodate others. We thank you in advance for your cooperation.

Appointment Reminder

Your appointment is scheduled for:

Date_____, _____/_____/_____ Time_____ AM / PM

Thank You! We look forward to helping you successfully achieve your personal health goals!

HEALTH HISTORY

Name _____ Date _____

Occupation _____ Age _____ Height _____ Sex _____ Number of Children _____

Marital Status: ❑ Single ❑ Partner ❑ Married ❑ Separated ❑ Divorced ❑ Widow(er)

Are you recovering from a cold or flu? _____ Are you pregnant? _____

Reason for office visit: Date began:

_____ _____

_____ _____

_____ _____

List current health problems for which you are being treated: _____

_____

_____

_____

What types of therapies have you tried for these problem(s) or to improve your health over-all:

❑ diet modification ❑ fasting ❑ vitamins/minerals ❑ herbs ❑ homeopathy ❑ chiropractic ❑ acupuncture ❑ conventional drugs

❑ other _____

Do you experience any of these general symptoms EVERY DAY?

❑ Debilitating fatigue	❑ Shortness of breath	❑ Insomnia	❑ Constipation	❑ Chronic pain/inflammation
❑ Depression	❑ Panic attacks	❑ Nausea	❑ Fecal incontinence	❑ Bleeding
❑ Disinterest in sex	❑ Headaches	❑ Vomiting	❑ Urinary incontinence	❑ Discharge
❑ Disinterest in eating	❑ Dizziness	❑ Diarrhea	❑ Low grade fever	❑ Itching/rash

Current medications (prescription or over-the-counter): _____

_____

_____

Laboratory procedures performed (e.g., stool analysis, blood and urine chemistries, hair analysis):

_____

Outcome _____

_____

_____

Major Hospitalizations, Surgeries, Injuries: Please list all procedures, complications (if any) and dates:

Year	Surgery, Illness, Injury	Outcome
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Circle the level of stress you are experiencing on a scale of 1 to 10 (1 being the lowest): 1 2 3 4 5 6 7 8 9 10

Identify the major causes of stress (e.g., changes in job, work, residence or finances, legal problems): _____

Do you consider yourself: ❑ underweight ❑ overweight ❑ just right Your weight today _____

Have you had an unintentional weight loss or gain of 10 pounds or more in the last three months? _____

Is your job associated with potentially harmful chemicals (e.g., pesticides, radioactivity, solvents) or health and/or life threatening activities (e.g., fireman, etc.)?

_____

What are your current health goals: _____

_____

_____

_____

_____

Medical History

❑ Arthritis
❑ Allergies/hay fever
❑ Asthma
❑ Alcoholism
❑ Alzheimer's disease
❑ Autoimmune disease
❑ Blood pressure problems
❑ Bronchitis
❑ Cancer
❑ Chronic fatigue syndrome
❑ Carpal tunnel syndrome
❑ Cholesterol, elevated
❑ Circulatory problems
❑ Colitis
❑ Dental problems
❑ Depression
❑ Diabetes
❑ Diverticular disease
❑ Drug addiction
❑ Eating disorder
❑ Epilepsy
❑ Emphysema
❑ Eyes, ears, nose, throat problems
❑ Environmental sensitivities
❑ Fibromyalgia
❑ Food intolerance
❑ Gastroesophageal reflux disease
❑ Genetic disorder
❑ Glaucoma
❑ Gout
❑ Heart disease
❑ Infection, chronic
❑ Inflammatory bowel disease
❑ Irritable bowel syndrome
❑ Kidney or bladder disease
❑ Learning disabilities
❑ Liver or gallbladder disease (stones)
❑ Mental illness
❑ Mental retardation
❑ Migraine headaches
❑ Neurological problems (Parkinson's, paralysis)
❑ Sinus problems
❑ Stroke
❑ Thyroid trouble
❑ Obesity
❑ Osteoporosis
❑ Pneumonia
❑ Sexually transmitted disease
❑ Seasonal affective disorder
❑ Skin problems
❑ Tuberculosis
❑ Ulcer
❑ Urinary tract infection
❑ Varicose veins
Other _____
_____

Medical (Men)

❑ Benign prostatic hyperplasia
❑ Prostate cancer
❑ Decreased sex drive
❑ Infertility
❑ Sexually transmitted disease
Other _____
_____

Medical (Women)

❑ Menstrual irregularities
❑ Endometriosis
❑ Infertility
❑ Fibrocystic breasts
❑ Fibroids/ovarian cysts
❑ Premenstrual syndrome (PMS)
❑ Breast cancer
❑ Pelvic inflammatory disease
❑ Vaginal infections
❑ Decreased sex drive
❑ Sexually transmitted disease
Other _____
Date of last GYN exam _____
Mammogram ❑ + ❑ –
PAP ❑ + ❑ –
Form of birth control _____
# of children _____
# of pregnancies _____
❑ C-section _____
Age of first period _____
Date - last menstrual cycle _____
Length of cycle _____ days
Interval of time between cycles _____days
Any recent changes in normal menstrual flow (e.g., heavier, large clots, scanty) _____
❑ Surgical menopause
❑ Menopause

Family Health History (Parents and Siblings)

❑ Arthritis
❑ Asthma
❑ Alcoholism
❑ Alzheimer's disease
❑ Cancer
❑ Depression
❑ Diabetes
❑ Drug addiction
❑ Eating disorder
❑ Genetic disorder
❑ Glaucoma
❑ Heart disease
❑ Infertility
❑ Learning disabilities
❑ Mental illness
❑ Mental retardation
❑ Migraine headaches
❑ Neurological disorders (Parkinson's, paralysis)
❑ Obesity
❑ Osteoporosis
❑ Stroke
❑ Suicide
Other _____

Health Habits

❑ Tobacco:
Cigarettes: #/day _____
Cigars: #/day _____
❑ Alcohol:
Wine: #glasses/d or wk _____
Liquor: #ounces/d or wk _____
Beer: #glasses/d or wk _____
❑ Caffeine:
Coffee: #6 oz cups/d _____
Tea: #6 oz cups/d _____
Soda w/caffeine: #cans/d _____
Other sources _____
❑ Water: #glasses/d_____

Exercise

❑ 5-7 days per week
❑ 3-4 days per week
❑ 1-2 days per week
❑ 45 minutes or more duration per workout
❑ 30-45 minutes duration per workout
❑ Less than 30 minutes
❑ Walk - #days/wk _____
❑ Run, jog, other aerobic - #days/wk _____
❑ Weight lift - #days/wk_____
❑ Stretch - #days/wk_____
❑ Other _____

Nutrition & Diet

❑ Mixed food diet (animal and vegetable sources)
❑ Vegetarian
❑ Vegan
❑ Salt restriction
❑ Fat restriction
❑ Starch/carbohydrate restriction
❑ The Zone Diet
❑ Total calorie restriction
Specific food restrictions:
❑ dairy ❑ wheat ❑ eggs
❑ soy ❑ corn ❑ all gluten
Other _____

Food Frequency

Number of servings per day:
Fruits (citrus, melons, etc.) _____
Dark green or deep yellow/orange vegetables _____
Grains (unprocessed) _____
Beans, peas, legumes _____
Dairy, eggs _____
Meat, poultry, fish _____

Eating Habits

❑ Skip meals - which ones _____
_____
❑ One meal/day
❑ Two meals/day
❑ Three meals/day
❑ Graze (small frequent meals)
❑ Generally eat on the run
❑ Eat constantly whether hungry or not

Current Supplements

❑ Multivitamin/mineral
❑ Vitamin C
❑ Vitamin E
❑ EPA/DHA
❑ Evening Primrose/GLA
❑ Calcium, source _____
❑ Magnesium
❑ Zinc
❑ Minerals, describe _____
❑ Friendly flora (acidophilus)
❑ Digestive enzymes
❑ Amino acids
❑ CoQ10
❑ Antioxidants (e.g., lutein, resveratrol, etc.)
❑ Herbs
❑ Homeopathy
❑ Protein shakes
❑ Superfoods (e.g., bee pollen, phytonutrient blends)
❑ Liquid meals (Ensure)
Others _____
_____

I Would Like To:

ENERGY - VITALITY

❑ Feel more vital
❑ Have more energy
❑ Have more endurance
❑ Be less tired after lunch
❑ Sleep better
❑ Be free of pain
❑ Get less colds and flu
❑ Get rid of allergies
❑ Not be dependent on over-the-counter medications like aspirin, ibuprofen, anti-histamines, sleeping aids, etc.
❑ Stop using laxatives and stool softeners
❑ Improve sex drive

BODY COMPOSITION

❑ Loose weight
❑ Burn more body fat
❑ Be stronger
❑ Have better muscle tone
❑ Be more flexible

STRESS, MENTAL, EMOTIONAL

❑ Learn how to reduce stress
❑ Think more clearly and be more-focused
❑ Improve memory
❑ Be less depressed
❑ Be less moody
❑ Be less indecisive
❑ Feel more motivated

LIFE ENRICHMENT

❑ Reduce my risk of degenerative disease
❑ Slow down accelerated aging
❑ Maintain a healthier life longer
❑ Change from a "treating-illness" orientation to creating a wellness lifestyle

7/00, Rev 1/03, Rev 3/06
MET1392

FirstLineTherapy®

Diet Diary / Exercise Log

Name:_____

Please complete your "Diet Diary / Exercise Log" every day.

1.) Make note of the time you wake up.

2.) List and describe in detail all foods and drinks including the amount of each. Make note as to whether the food was fresh, frozen, canned, raw, cooked, baked, fried, etc. Note the time of each meal or snack. Be sure to list everything you eat or drink, including any condiments used (i.e. mayonaise, mustard, relish, etc.).

3.) Keep track of how much water you drink and list the amount in ounces in the section provided. Also note the type and amount of any other drinks you consume.

4.) Write down any activity or exercise you do in the section at the bottom, listing the kind of exercise you did and for how long you did it.

5.) Note any periods of relaxation and what kind of relaxation it was.

6.) Note the time you go to sleep.

Day 1	Date:
Wake up:	
Morning Meal Time:	
Snack Time:	
Mid-Day Meal Time:	
Snack Time:	
Evening Meal Time:	
Snack Time:	
Water (ounces)	
Other Drinks (that are not listed with meals or snacks above)	
Activity/Exercise What kind: How long:	
Relaxation type: How long:	
sleep time:	

FirstLineTherapy®

Diet Diary / Exercise Log

	Day 2 - Date:	Day 3 - Date:
Wake up:		
Morning Meal Time:		
Snack Time:		
Mid-Day Meal Time:		
Snack Time:		
Evening Meal Time:		
Snack Time:		
Water (ounces)		
Other Drinks (that are not listed with meals or snacks above)		
Activity/Exercise What kind: How long:		
Relaxation type: How long:		
sleep time:		

FirstLineTherapy®

Diet Diary / Exercise Log

	Day 4 - Date:	Day 5 - Date:
Wake up:		
Morning Meal Time:		
Snack Time:		
Mid-Day Meal Time:		
Snack Time:		
Evening Meal Time:		
Snack Time:		
Water (ounces)		
Other Drinks (that are not listed with meals or snacks above)		
Activity/Exercise What kind: How long:		
Relaxation type: How long:		
sleep time:		

FirstLineTherapy®

Diet Diary / Exercise Log

	Day 6 - Date:	Day 7 - Date:
Wake up:		
Morning Meal Time:		
Snack Time:		
Mid-Day Meal Time:		
Snack Time:		
Evening Meal Time:		
Snack Time:		
Water (ounces)		
Other Drinks (that are not listed with meals or snacks above)		
Activity/Exercise What kind: How long:		
Relaxation type: How long:		
sleep time:		

FirstLineTherapy®

BIOMARKERS 2000™ BODY SCAN ANALYZER

Bioimpedance testing provides health care practitioners with a non-invasive tool for objectively monitoring body composition - a key indicator of health and vitality. These measurements increase the certainty of an accurate assessment and allow the practitioner to develop and prioritize nutrition and supplement programs and strategies.

*****	BIOIMPEDANCE ANALYSIS	*****
Date: 11/17/13		Time: 03:13 pm
Patient: _____		
Sex: Male		Height: 71.5 in
Age: 39		Weight: 178.0 lbs
MEASUREMENTS RESULTS		
Phase Angle:		7.4 °
Body Capacitance:		755 pF
Resistance:		535.7 ohms
Reactance:		69.2 ohms
Mass Distribution	lbs	percent
Body Cell Mass:	67.5	37.9
Extracellular Mass:	68.7	38.6
Lean Body Mass:	136.2	76.5
Fat Mass:	41.8	23.5
Total Weight:	178.0	100.0
ECM/BCM:	1.02	
Body Mass Index:	24.5	
Basal Metabolic Rate:	1925	cals
Water Compartments	liters	percent
Intracellular Water:	26.0	59.0
Extracellular Water:	18.1	41.0
Total Body Water:	44.1	100.0
TBW/Lean Body Mass:		71.4
TBW/Total Weight:		54.6

The **Biomarkers 2000 Body Scan Analyzer** provides a direct readout of the impedance of the human body, and estimates of mass distribution and body water compartments.

APPLICATIONS

OBESITY. Specific mechanisms linking obesity to health risks are not fully understood, but recent research focusing on genes that express only in fat tissue has shown promise. These genes code for hormones associated with insulin resistance (type II diabetes) and cardiovascular plaques. While specific mechanisms remain unproven, the statistical coincidence of obesity and diabetes is nearly 80 percent. A body mass index of 30 or greater or lean body mass less than 75 percent for males or less than 70 percent for females are useful diagnostic criteria for obesity.

LIFESTYLE ASSESSMENT. A comprehensive wellness evaluation should be part of every lifestyle assessment, identifying personal strengths and weaknesses, and producing a program that establishes lifestyle change goals. These changes often include the reduction of excess fat mass, which affects health status, appearance, mobility, and job performance.

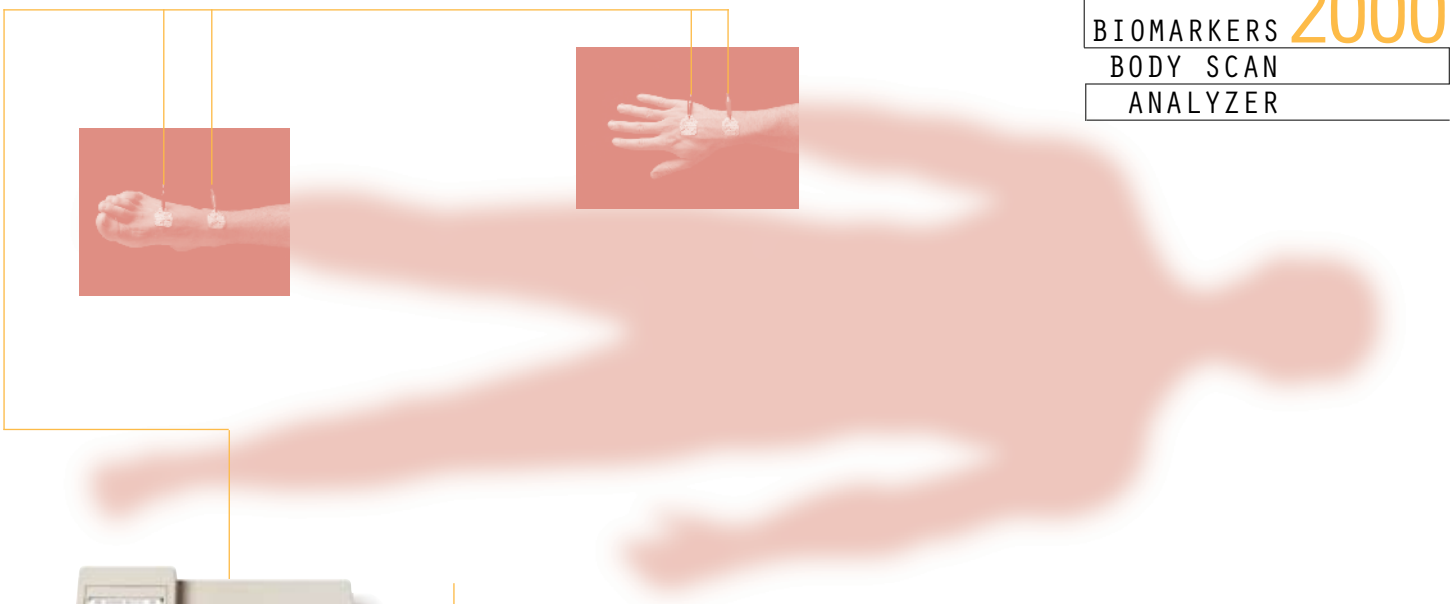
NUTRITIONAL COUNSELING. For many people, it is difficult to eat healthfully and to control weight. Research has shown that a program that includes moderate exercise, a diet lower in calories and fat, and the use of supplements can reduce body fat and increase lean body mass. The assessment of body composition allows the effectiveness of these programs to be monitored and further refined.

ATHLETIC PERFORMANCE. Large (superoptimal) lean body mass and body cell mass compartments are the hallmark of athletes - the source of high function, strength, and endurance. In response to training, the well-nourished body adds tissue to these compartments. A progressive increase in lean body mass, body cell mass, and phase angle are associated with increasing physical performance.

GERIATRICS. With aging, changes in function are due primarily to alterations in the body cell mass compartment. This compartment is functionally the most important in determining energy expenditure, protein needs, and metabolic response to physiologic stress. Candidate mechanisms include loss of motor neurons in the spine, loss of endogenous growth hormone production, dysregulation of cytokines, loss of estrogen and androgen production, inadequate protein intake, and reduced physical activity leading to a reduction in the number and size of type II muscle fibers.

The Biomarkers 2000 Body Scan Analyzer does not diagnose disease, or recommend treatment regimens, or quantify treatment effectiveness. Only a qualified health care professional can make these judgments.

BIOMARKERS 2000™
BODY SCAN ANALYZER



BIOIMPEDANCE MEASUREMENTS

Resistance:
Range 200 to 1500 ohms
Resolution 0.1 ohm
Accuracy 0.1 percent

Reactance:
Range 0 to 300 ohms
Resolution 0.1 ohm
Accuracy 0.2 percent

Phase Angle:
Range 0 to 20 degrees
Resolution 0.1 degree
Accuracy 0.2 percent

Test Current:
Less than 1 milliampere

Frequency:
50 kilohertz

GENERAL INFORMATION

Dimensions:
12.5"W x 8.5"L x 3.25"H
(317mm x 216mm x 83mm)

Weight:
4 lb / 2 kg net
10 lb / 4.5 kg shipping

Temperature Range:
10 degrees C to 50 degrees C

Humidity:
70% or less noncondensing

Metagenics, Inc.
FirstLine Therapy
100 Avenida La Pata
San Clemente, CA 92673
800.692.9400

For additional information, go to:
www.biomarkers2000.com

TEST RESULTS

Bioimpedance analysis is the assessment of body composition using electrical tissue conductivity. With this non-invasive test procedure, the Biomarkers 2000 Body Scan Analyzer provides the following results:

Bioimpedance Measurements: a readout of the patient's resistance, reactance, and phase angle. This information is obtained through a direct measurement of the complex impedance of the human body.

Mass Distribution: an estimate of mass distribution, using the measured bioimpedance and entered patient data. Mass consists of lean body mass (or fat-free mass) and fat mass. Lean body mass is further broken down into its two key components – body cell mass and extracellular mass. Body cell mass is the total cellular mass of living cells. It is the metabolically active tissue of the body. Extracellular mass is the fluid and tissue of the body found outside the cell.

Water Compartments: total body water, and its two components – intracellular water and extracellular water. Intracellular water is the fluid contained within the cell. Healthy cells maintain their integrity and hold their fluids inside. Extracellular water is the fluid outside the cell. An increase in extracellular water may indicate disturbance in the cellular membrane.

REFERENCES

Blackburn GL. Managing obesity in America: An overview. *Advanced Studies in Medicine* 2002; 2(2):40-49.

Chin M, et al. Prevalence of obesity and body composition in Hong Kong school children. *The Journal of Exercise Science and Fitness*, 2006; 4(2): 85-95.

Guo SS, et al. Aging, body composition, and lifestyle: the Fels Longitudinal Study. *American Journal of Clinical Nutrition*, 1999; 70: 405-11.

Heyward V, et al. ASEP methods recommendation: body composition assessment. *Journal of Exercise Physiology Online*, November 2001; 4(4): 1-12.

Kalman D, et al. Effect of pyruvate supplementation on body composition and mood. *Current Theraputic Research*. Volume 59, No. 11, November 1998; 793-802.

Lee CD, et al. US weight guidelines: Is it also important to consider cardiorespiratory fitness? *Journal of Obesity and Related Metabolic Disorders*, 1998 Aug; 22 Supplement 2:S2-7.

Position of the American Dietetic Association, Dietitians of Canada, and the American College of Sports Medicine. Nutrition and athletic performance. *Journal of American Dietetic Association*, 2000; 100:1543-1556.

Roubenoff R, et al. Nutrition assessment in long-term care facilities. *Nutrition Review*, 1996 Jan; 54 (1 Pt 2): S40-2.