1. Overall (continued)

Who is your primary care physician (family doctor)? ____________________

Please list any physicians you see and their specialty (refer to medical information for list of disorders):

Dr. ____________________ Specialty: ____________________
Patient since: ____________ (MM/YY) Last visit: ____________________

Dr. ____________________ Specialty: ____________________
Patient since: ____________ (MM/YY) Last visit: ____________________

Dr. ____________________ Specialty: ____________________
Patient since: ____________ (MM/YY) Last visit: ____________________

Dr. ____________________ Specialty: ____________________
Patient since: ____________ (MM/YY) Last visit: ____________________

2. Diabetes ☐ N/A

Do you have diabetes? ☐ Yes ☐ No If no, please skip to next section.

Which type?
- ☐ **Type I – Insulin-dependent (insulin injections only)**
- ☐ Type II – Non-insulin-dependent (diabetic pills)
- ☐ Type II – Insulin-dependent (diabetic pills and insulin)

Is your blood sugar level monitored? ☐ Yes ☐ No If so, how often? ____________

If so, by whom? ☐ Myself ☐ Physician
☐ Other – please specify: ____________________

Do you tend to be hypoglycemic? ☐ Yes ☐ No

NOTE: If you are currently on Sodium-Glucose Co-Transporter inhibitor medication (SGLT-2), which include Ebymect, Edistride, Forxiga, Invokana, Jardiance, Synjardy, Vokanamet and Xigduo, **YOU CANNOT START OR BE ON IDEAL PROTEIN'S REGULAR PROTOCOL**. Please speak to your coach about our Alternative Protocol.

3. Cardiovascular Function ☐ N/A

Have you had any of the following conditions?

- ☐ Arrhythmia (NPA)
- ☐ Blood Clot (NPA)
- ☐ Coronary Artery Disease (NPA)
- ☐ Heart attack (NPC)
- ☐ Heart Valve Problem (NPA)
- ☐ Heart Valve Replacement (porcine/ mechanical) (NPA)
- ☐ Hyperlipidemia (High cholesterol/triglycerides)
- ☐ Hyperkalemia (High potassium) (NPA)
- ☐ Hypokalemia (Low potassium) (NPA)
- ☐ Hypertension (High blood pressure) (NPA)
- ☐ Pulmonary Embolism (NPA)
- ☐ Stroke or Transient Ischemic Attack (NPA)
- ☐ Congestive Heart Failure (NPC)
  Please select one (if applicable):
  - ☐ History of Congestive Heart Failure
  - ☐ Current Congestive Heart Failure (NPC)

Last name: ____________ First name: ____________ DOB: ________ (DD/MM/YY) Initials: ______

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