



3. Cardiovascular Function N/A

Have you ever had any type of heart surgery? Yes No

If so, which type? _____

Other conditions: _____

If you have answered yes to any of the above conditions, please give **all** dates of occurrence:

4. Kidney Function N/A

Have you had any of the following conditions:

Kidney Disease (NPA)

Kidney Transplant (NPA)

Kidney Stones

Do you presently have gout? Yes No

Since when: _____

If yes, what medication has been prescribed? _____

If no, have you ever had gout? Yes No

If yes, when? _____

If yes to any of these events, please give dates of events. For multiple events please specify:

5. Liver Function N/A

Have you ever had any liver conditions? Yes No Date: _____

If yes, please list: _____

Have you ever had a gallstone incident? Yes No

6. Colon Function N/A

Do you have any of the following conditions:

Constipation

Crohn's Disease

Diarrhea

Diverticulitis

Irritable Bowel Syndrome

Ulcerative Colitis

If yes to any of these conditions, please give dates of events. For multiple events please specify:

Last name: _____ First name: _____ DOB: _____ (DD/MM/YY) Initials: _____

The Protocol

3

Revised January 16, 2017 (US)

© COPYRIGHT 2016 - LABORATOIRES C.O.P. INC. / IDEAL PROTEIN OF AMERICA - ALL RIGHTS RESERVED. ®/TM/MD/MC TRADE MARKS OF LABORATOIRES C.O.P. INC. / IDEAL PROTEIN OF AMERICA