



Date \_\_\_\_\_

**PATIENT MEDICAL HISTORY**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex: F M

Medical Problems \_\_\_\_\_

Medications \_\_\_\_\_

(Female) How many pregnancies? \_\_\_\_\_ Date of last cycle \_\_\_\_\_

Are you allergic to anything? \_\_\_\_\_

Have you ever had any of the following? (Circle yes or no)

|                     |    |     |  |                       |    |     |  |                          |
|---------------------|----|-----|--|-----------------------|----|-----|--|--------------------------|
| Alcoholism          | No | Yes |  | High Cholesterol      | No | Yes |  | Any other Diseases?      |
| Anemia              | No | Yes |  | HIV Positive          | No | Yes |  |                          |
| Asthma              | No | Yes |  | Kidney Conditions     | No | Yes |  |                          |
| Blood Clots         | No | Yes |  | Migraines             | No | Yes |  |                          |
| Cancer              | No | Yes |  | Pituitary Disorder    | No | Yes |  | Previous Surgeries?      |
| Diabetes            | No | Yes |  | Premenstrual Disorder | No | Yes |  |                          |
| Dizziness           | No | Yes |  | Prostate Problems     | No | Yes |  |                          |
| Emotional Disorder  | No | Yes |  | Seizures              | No | Yes |  |                          |
| Gallstones          | No | Yes |  | Skin Condition        | No | Yes |  | Allergies (Food or Drug) |
| Gout                | No | Yes |  | Stroke                | No | Yes |  |                          |
| Heartburn           | No | Yes |  | Thyroid Conditions    | No | Yes |  |                          |
| Heart Disease       | No | Yes |  | Tuberculosis          | No | Yes |  |                          |
| Hepatitis           | No | Yes |  | Tumors                | No | Yes |  |                          |
| High Blood Pressure | No | Yes |  | Ulcers                | No | Yes |  |                          |



## B12 Lipotropic Shot & B12 Myoden Shot

### Consent Form

A New You Health and Wellness uses pharmaceutical B12 Lipotropic and B12 Myoden combination, clinically proven to help accelerate metabolism and burn fat. They are used to enhance your current weight loss efforts i.e. following a healthy diet plan, drinking plenty of water, and exercising.

#### How do B12 Lipotropic injections work?

**Lipotropic** is a fancy word for three amino acids (*methionine, inositol, and choline*) essential for the health of your liver. Your liver is the organ responsible for removing fat and toxins from your body, so if it is healthier, it will work better for you. B12 can give you an energy boost, which helps you to burn calories. The amino acids in the B12 Lipotropic shots are compounds that enhance liver function and increase the flow of fats and bile from the liver and gallbladder. By definition, a Lipotropic substance decreases the deposit, or speeds up the removal of fat within the liver. The key amino acids "Lipotropics" used to make these shots are:

#### B12 Lipotropic injections include;

**B1, B2, B3, B5, B6, B12, and Vitamin C**

**Vitamin B12 (Hydrocobalamin)** is essential for helping to form new, healthy cells in the body. It also boosts energy, helping to increase activity levels.

**Choline** supports the health of the liver in its processing and excretion of chemical waste products within the body. Moreover, it is required for the transport and metabolism of the endocrine, cardiovascular and liver systems.

**Methionine**, an amino acid important for many bodily functions. It acts, as a lipotropic agent to prevent excess fat buildup in the liver and the body, is helpful in relieving, or preventing fatigue and may be useful in some cases of allergy because it reduces histamine release.

**Inositol**, a nutrient belonging to the B vitamin complex, is closely associated with choline. It aids in the metabolism of fats and helps reduce blood cholesterol. Inositol participates in action of serotonin, a neurotransmitter known to control mood and appetite.

#### B12 Myoden injections include;

**All of the above plus**

**Myoden** is formulated to boost metabolism and increase cellular energy (ATP). It is an all natural substance that is an intermediate in cellular metabolism. It is also a key component in certain reactions necessary for proper fat and carbohydrate metabolism. Research has indicated that low levels of ATP may predispose people to be overweight and suffer from loss of energy.

**Acetyl L-Carnitine** an amino acid (a building block for proteins) that is naturally produced in the body. It helps the body produce energy, carries fatty acids into the cell so they can be burned as fuel, and assists in the reduction of belly fat.



### Acknowledgement and Informed Consent

- 1) The nature and purpose of the injection, possible alternative methods of treatment, risks involved, possible consequences, and the possibility of complications have been explained to me.
- 2) Each patient responds differently to medicine and may respond differently from one treatment to the next. As with all medicines, results are temporary, and regular dosing is necessary. The length of time the injectable medication lasts varies in each patient. No guarantee can be made with regard to the result or length of time it lasts.
- 3) I understand that there are some risks with any treatment. The following is the list of possible risks with injection: pain or bruising of the skin injection site, scarring of the skin (unlikely), and possible skin infection - a possibility any time the skin is broken, even with sterile needles.
- 4) I have been given the opportunity to have all of my questions answered.

I, \_\_\_\_\_, have read and understand the ingredients of the injection being administered to me, and I consent to treatment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Patient Information Form

Patient \_\_\_\_\_

Date \_\_\_\_\_

| B12 Usage:                                    |  | B12 Lipotropic                            | B12 Myoden |
|---|--|---|------------|
| Using B12 for: (Check All That Apply)         |  | YES                                       | NO         |
| • Increased Energy                            |  |   |            |
| • Increase Metabolism                         |  |   |            |
| • Lose Weight                                 |  |   |            |
| • Decrease Cholesterol                        |  |   |            |
| Weight Management                             |  |   |            |
| Need to Lose Weight Yes ___ No ___            |  | How Many Pounds Do You Need to Lose _____ |            |
| Caused by Medical Issue? Yes ___ No ___       |  | Medical Issue: _____                      |            |
| Past Weight Loss Programs:                    |  | Why Didn't Work:                          |            |
| Requirements for a Weight Loss Program        |  | YES                                       | NO         |
| • Lose 3-5 Pounds Per Week                    |  |   |            |
| • No Hunger During Weight Loss Program        |  |   |            |
| • Medically Supervised                        |  |   |            |
| • No or Minimal Exercise                      |  |   |            |
| • Eat Real Food                               |  |   |            |
| • Easy to Follow When Traveling               |  |   |            |
| • Lose Fat – Not Muscle                       |  |   |            |
| • Maintenance Program to Help Keep Weight Off |  |   |            |
| Skin Care                                     |  |   |            |
| Current Problem or Concern                    |  | YES                                       | No         |
| • Age Spots or Premature Aging                |  |   |            |
| • Fine Lines or Wrinkles or Dry Skin          |  |   |            |
| • Uneven Pigmentation or Dull Skin Tone       |  |   |            |
| • Expression Lines and Lip Lines              |  |   |            |
| • Blemish Prone, Oily or Combination Skin     |  |   |            |
| • Enlarged or Congested Pores                 |  |   |            |

Dear Valued Patient,

Thanks to you, we have become very busy and are starting to see an increase in patient flow. With the increase in new patients we have come upon some scheduling issues that we are trying to address. We are asking all patients to call or email before stopping by to be seen, to make sure that we can get you in, in a timely manner. We are also having patients fail to call and let us know that they cannot make their appointment times. While we understand that things occasionally happen, we would appreciate the notice so that we may give those appointment times to other patients. As of October 1, 2014 we are putting a new policy in place for all patients that fail to call, or show up for their appointment. Patients will now lose a shot and possibly designated time slot for any appointment missed without a 24 hour notice. Thanks for your cooperation in helping us to better serve you.

Sincerely,

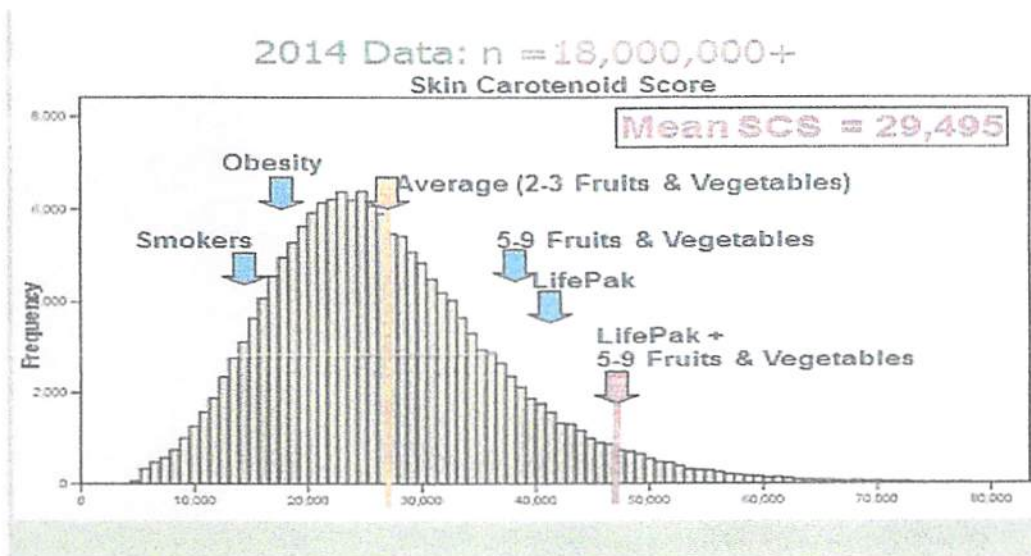
Management

x \_\_\_\_\_



## B12 and Bioscanner Program

The need for B12 injections for energy is an indication that your body may not be getting enough nutrients from the food you're eating or the supplements you may be taking. If your nutrient levels are low, then B12 injections with Lipotropic or Myoden may be less effective and we recommend that you determine your antioxidant level by taking a Bioscan test. The chart below reflects the distribution curve of over 18 million scans. Alarmingly, over 50% of Americans are in the Poor range scoring 19,000 or less.



|      |      |      |      |         |
|------|------|------|------|---------|
| Poor | Weak | Mod. | Good | Optimal |
|------|------|------|------|---------|

The investment is \$20 for adults, \$10 for teenagers 11-18 and children 10 and under are free. Please check the appropriate box and sign.

ACCEPT

DECLINE

Signature \_\_\_\_\_ Date \_\_\_\_\_