

SHORT INTAKE FORM
CONFIDENTIAL PATIENT INFORMATION
Please fill in all portions of this form. If you need help, Please ask.

Date of Information: _____ Email _____

Name of Patient: _____ Age: _____ Sex: _____ DOB: _____

Permanent Address: _____ Apt. # _____ City _____ State _____ Zip _____

Temporary Address: _____ Apt. # _____ City _____ State _____ Zip _____

Phone: (permanent) _____ (temporary) _____ (work) _____

Marital Status: _____

Occupation _____ Employed by: _____

Work Address _____ City _____ State _____ Zip _____

Name of nearest relative not living with you: _____ Phone: _____

Whom may we contact in case of emergency? _____ Work # _____

Current Health Concerns or Goals	Personal Health History	Current Past		Medication Allergies	✓
		C	P		
	Headache				
	Neck Pain				
	Joint Pain				
Rate Current Stress	0-10				
Mild 1-3 Mod 4-6 Severe 7-9	Back Pain				
Job or School	Chronic Muscle Pain or Spasm				
Financial / Money	Anxiety				
Primary relationship	Depression				
Family, Parents, Children	Overweight				
Divorce / Separation / Death	Fatigue				
Chemical, Allergy	Insomnia (Poor Sleep)			Current Medications	✓
Overall Stress Level...	Mental Disorder				
Overall Sleep	Low Blood Sugar or Diabetes				
Overall Physical Energy	Sinusitis				
Overall Mental Energy	Recurrent Colds, Flu				
	Ear/Eye Problems				
	Digestive Disorder				
Have you ever used:	Y/N			Current Supplements	✓
Vitamin Therapy					
Herbal Medicine					
Homeopathic Medicine					
Acupuncture					
Spinal Manipulation					
Therapeutic Fasting					
Massage Therapy					
Naturopathic Physician					

CLINICAL POLICY REQUIRES PAYMENT AT TIME OF SERVICES. I WILL BE PAYING TODAY BY:

Cash _____ Check _____ VISA _____ Master Card _____

Patient's Signature Date

Dr. Rick Jensen, ND

Dr. Rick Jensen, ND

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ST. GEORGE, UT 84770

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Informed consent agreement concerning hCG Therapy for Weight Loss

I, [redacted] have had explained to me in detail the method of administration of HCG therapy using Human Chorionic Gonadotrophin. **Human chorionic gonadotropin** (*American English*) or **Human chorionic gonadotrophin (hCG)** is a glycoprotein hormone produced in pregnancy that is made by the developing embryo soon after conception and later by the syncytiotrophoblast (part of the placenta). Its role is to prevent the disintegration of the corpus luteum of the ovary and thereby maintain progesterone production that is critical for a pregnancy in humans. hCG may have additional functions; for instance, it is thought that hCG affects the immune tolerance of the pregnancy. Early pregnancy testing, in general, is based on the detection or measurement of hCG. Because hCG is produced also by some kinds of tumor, hCG is an important tumor marker, but it is not known whether this production is a contributing cause or an effect of tumorigenesis.

For you case, it is believed through anecdotal evidence but not yet completely proven scientifically that the hCG maximizes the functional capacity of the body's control centers in the hypothalamus. That one center in the hypothalamus, the fat bank, controls the movement and distribution of fat throughout the body. hCG mobilizes abnormal fat and releases it as a source of energy and nutrients. Thus small amounts of hCG have been shown to mobilize abnormal fat and make it available to the body as a source of energy and nutrients.

The hCG protocol calls for a 500 calorie per day diet. If someone were to start a 500 calorie per day diet without hCG he or she would experience hunger, cravings, feelings of misery and loss of structural fat and muscle mass. However, a 500 calorie per day diet on hCG, a patient typically loses up to one pound of abnormal fat per day. Each pound of fat contains approximately 3500 calories. If people lose one pound of abnormal fat in one day, that makes 3500 calories available to them. This gives patients access to adequate amounts of energy because the rest of the calories are generated internally through the breakdown of fat deposits (lipolysis). Therefore, the patient is not hungry and loses weight.

I have been advised that hCG has been approved by the Food and Drug Administration for Infertility and been used safely and effectively in high doses; that, in addition, hCG is being used increasingly by numerous physicians for treatment of Weight Loss; and that this latter usage has been disapproved by many medical associations and/or other groups on the grounds that such usage of this substance has not yet been shown to be "safe" and "effective" or is usual, customary practice. Because of such disapproval, and because a majority of doctors do not use it, insurance companies frequently refuse to pay for weight loss associated with hCG therapy.

I [redacted] hereby acknowledge that my insurance coverage, including Medicare, may not pay for this "non-covered service," and that I am responsible for payment for this treatment at the time services are rendered.

If necessary, I agree to change my lifestyle to a healthier one (proper eating habits, regular exercise, nutritional supplements, etc.). I understand that such lifestyle changes will greatly enhance the benefits of hCG. I understand that after the initial 46 days of treatment with hCG, I will be required to do a 46 day maintenance period during which I will still be required to maintain a specific regimen of diet and lifestyle. It is further recommended that at the end of the 6 weeks maintenance if I am not at my goal weight, I will follow up with a second course of therapy.

I understand I am required to read the pamphlet POUNDS TO INCHES - A NEW APPROACH TO OBESITY BY: DR. A.T.W: SIMEONS SALVATOR MUNDI INTERNATIONAL HOSPITAL 00152 - ROME VIALE MURA GIANICOLENSI, 77 which you will get prior to or at your first appointment.

I, Dr. Rick Jensen believe that in your case hCG Weight Loss Therapy is proper, and that its use will improve the condition for which you are under treatment and your overall health. However, it is important to understand that there are no guarantees of the results in any manner. Furthermore, despite the use of hCG for over 40 years in clinical practice, it is still termed "experimental" for its use in weight loss.

I, [redacted] understand hCG weight loss is not standard therapy in the United States. Furthermore, I release Dr. Jensen from any legal responsibility resulting from the administration of hCG therapy in my case and/or any medical treatment that may be necessary as a result thereof.

I HAVE READ AND UNDERSTOOD THE ABOVE. Under the conditions indicated, I hereby place myself under your care for hCG weight loss therapy, and agree to the above release. I also verify that all information presented to Dr. Jensen in my medical history is true to the best of my knowledge. I am not misrepresenting myself and I place myself under his care for the sole purpose of treatment for these conditions.

[redacted]

Patient Name (print)

[redacted]

Patient Signature

[redacted]

Dated



Doctor

Witness