



YOUR LAST DIET

THE KNOWLEDGE TO KEEP THOSE POUNDS OFF FOREVER!

Ever heard of a diet that not only promotes fat loss but at the same time enhances muscle tone? While some high protein diets, often high in saturated fats, can tax the liver and the kidneys, the Ideal Protein Weight loss Method provides just the right amount of the highest quality protein needed to protect and improve muscle mass and vital organs.

The Ideal Protein Weight Loss Method is a medically designed protocol that results in fat loss while sparing muscle mass. The protocol was developed in France over 20 years ago by Dr. Tran Tien Chanh, MD PhD, who focused his career and research on nutrition with a particular emphasis on the treatment of obesity and obesity related issues.

The Ideal Protein Weight loss Method is a 4-phase protocol which helps stabilize the pancreas and blood sugar levels while burning fat and maintaining muscle and other lean tissue. This protocol is also an excellent treatment for cellulite reduction and has been used in well over one thousand Medi-spas and aesthetical clinics in North America over the last eight years with great success.

Our FDA approved labeled products are only available through trained and certified Health Care Professionals. Each Ideal Protein establishment has one or more experts to guide the dieter through the program. This valuable process serves to educate and encourage the dieters with a consistent method that is scientifically proven and deemed by most as easy to execute and maintain.

Obesity in Today's Society

The Center for Disease Control and Prevention labels obesity as public enemy number one. Obesity is a serious health issue that affects nearly 30% of the population in North America. Obese individuals have a higher-than-normal rate of hypertension, type II diabetes, cardiovascular diseases, gallbladder diseases, osteoarthritis, strokes, respiratory diseases and even some types of cancers. Government studies predict that one in three people born today will develop diabetes in their lifetime. According to the US Surgeon General, the number of overweight children has doubled and the number of overweight adolescents has tripled since 1980 in the USA.

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We are one of the richest countries in the world with the largest obesity rate per capita and some of the largest healthcare costs per person. How did we get here? Increased consumption of more energy-dense, nutrient-poor foods with high levels of sugar and saturated fats, combined with reduced physical activity and stress, all have contributed to where we are today, a state that the World Health Organization has no qualms labeling as an "obesity epidemic."

Syndrome X

The Ideal Protein Weight Loss Method targets prevention and solutions for Syndrome X, also called the "metabolic syndrome." To qualify as part of this epidemic that is steamrolling North America, adults or children need only suffer from 2 of the 4 components of the metabolic syndrome:

- 1) Obesity
- 2) Blood sugar issues (Diabetes)
- 3) Cholesterol problems
- 4) High blood pressure

What is the Source of Most Weight Issues?

According to Dr. Tran Tien, "The cause of most weight issues in a modern society is insulin dysfunction. A diet grossly disproportionate in its share of saturated fats and sugars, such as in breads, cereals, muffins, cakes, pastries, pasta, pizza, rice, corn - very much like the North American diet - causes the pancreas to produce an overabundance of insulin, which stays in the system and puts the blood sugar level in a negative balance."

An overproduction of insulin also leads to hypoglycemia or low glycemia, which in turn induces constant sugar cravings and weight gain. Insulin's primary function is to regulate blood sugar levels **however it is also the hormone that facilitates the transport of fat (triglycerides) into the fat cells. Even worse, it "locks" the fat in the fat cell, preventing it to be used as a source of energy. Now, because the blood sugar has dropped (and we can't access the fat as a fuel source) it creates "sugar cravings" and the vicious cycle begins again. In other words, an over abundance of insulin causes weight gain.**

The Ideal Protein protocol will transform the body's ability to digest sugars properly by regulating insulin levels. How? By giving the pancreas a well-deserved break and by cutting out simple and complex carbs until the weight loss goal is achieved.

Principles Behind the Protocol:

Learn to live off of the body's own fat reserves. The body employs energy from three reserves: glycogen (carbohydrate), protein and fats. First from its simple and complex carbohydrate reserves and when depleted, turns simultaneously to its protein and fat reserves for energy. A person not in need of weight loss typically has approximately 1-2% of their body's reserves from carbs, approximately 19% from their muscle mass and 79% of their body reserves from fat.

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Simple and complex carbohydrates can prevent weight loss. The body stores approximately three days worth of carbohydrates. Because of this, the Ideal Protein Weight loss Method has a beginning and an end. Until 100% of the weight loss goal is achieved, **we restrict sugars** (simple and complex). Why? Because, as long as sugar is being consumed, the body is not burning fat. It's as simple as that. Remember, the first source of energy is derived from glycogen (carbohydrate) reserves. The main principle is to deplete the glycogen (carbohydrate) reserves completely in order to compel the body to turn to its fat reserve to burn calories.

How do we get the body to burn its fat reserves and not its muscle mass reserves, if both are depleted simultaneously? First, by providing the body with foods that have a high protein value, complete with 8 essential amino acids, 97% absorbable, which make them biologically-complete proteins.

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Second, by supplementing with nutrient-rich supplements such as Natura Multi-Vita, Natura Calcium & Magnesium and Natura Potassium, key ingredient in muscle building and electrolytes to replace those normally found in foods restricted on the Ideal Protein protocol.

A dieter will feel energized, look vibrant and feel strong. It is no wonder. Given the opportunity for the body's natural ability to heal itself and showcase its innate and ingenious powers, such as in the way during the protocol the body will return the favor with unparalleled force, radiance and beauty.

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The Ideal Protein Food Selections

The centerpiece of our protocol is our gourmet protein based foods which the dieter will consume during the weight loss phases of the program.

These are high biological value proteins and employ five different proteins: whey isolates, soy isolates, whole milk protein, albumin, and hydrolyzed collagen. This gives the client many options and is designed so people with sensitivities to dairy, soy or vegetarians may participate in the program. They are delicious, practical, satisfying and are available in an array of textures and flavors. The assortment includes foods that are crunchy, chewy, hearty, smooth, sweet, spicy and salty. They can be served hot, warm, cold or even frozen

The client will use these products to build complete meals, adding vegetables and salads. Each sealed envelope ensures full potency and contains up to 20 grams of protein with very little to no fat or sugar. These are easy to prepare and can be incorporated into a busy lifestyle very nicely.

What to Expect

On average, women lose weight at the rate of 3 to 4 pounds per week, and men lose 4 to 7 pounds per week.

Based on over 20 years of experience and 5 million people in Europe, Canada, and now a large group of people in the United States, the program enables the following:

- Quick weight loss without sacrificing muscle mass
- Gaining an understanding of how food affects and is utilized by the body, including what causes fat storage
- Utilization of fat for energy usually by day 4 — fat (including cellulite) that sequesters chemical toxins
- Improved energy and appetite control, reduced cravings — usually on day 4 or 5
- Improved blood sugar and cholesterol levels, reduced blood pressure



Health Profile

Dietary consultation involves a health profile whose purpose is not to establish a diagnosis, but rather to determine a client's health status in order to guide his or her weight-loss plan. A client may be advised to seek medical advice based on his or her health profile.

General

Last Name: _____ First Name: _____

Address: _____ Apt/Unit: # _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ E-mail: _____

Date of Birth: _____ Age: _____ Profession: _____

Whom may we thank for referring you? _____

Weight: _____ lbs. Weight 1 year ago: _____ lbs. Min. Adult Weight: _____ lbs at age _____

Maximum Weight: _____ lbs. at age _____ Height: _____

Do you exercise? Yes No

If yes, what kind? _____

How often? _____

Have you been on a diet before? Yes No _____

If yes, please specify which diet and why you think it didn't work for you (e.g. too rigid, too much cooking involved, etc.): _____

On a scale of 1 to 10, indicate what level of importance you give to losing weight via Ideal Protein's medically supervised weight loss method (10 being the most important): _____

Family Life:

What is your marital status? M S D W Do you have children? Yes No
Number of children: _____ Ages: _____

Medical Information:

Please list any physicians you see and their specialty:

Diabetes:

Do you have diabetes? Yes No (if no, skip to next section)

If so, are you under the care of a physician? Yes No

If so, 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, by whom? Myself Physician Other (specify):

Are you taking any medication? Yes No

If so, please list:

Do you tend to be hypoglycemic? Yes No

Cardiovascular Health:

Have you had a cardiovascular event? Yes No (if no, skip to next section)

If so, please specify:

How long ago?

If so, are you under the care of a physician? Yes No

Are you taking any medication? Yes No

If so, please list:

Do you have a history of arrhythmia Yes No

Hypertension:

Do you have high blood pressure? Yes No (if no, skip to next section)

If so, do you have your blood pressure checked? Yes No

If so, are you under the care of a physician? Yes No

Are you taking any medication? Yes No

If so, please list:

Kidney Health:

Have you been diagnosed with kidney disease? Yes No (if no, skip to next section)
If so, are you under the care of a physician? Yes No
Are you taking any medication? Yes No
If so, please list:

Have you ever had Gout? Yes No

Liver Health:

Do you have liver problems? Yes No (if no, skip to next section)
If so, please specify:

If so, are you under the care of a physician? Yes No
Are you taking any medication? Yes No
If so, please list:

Colon Health:

Do you have: Irritable Bowel Colitis Diarrhea Diverticulosis?
 Crohn's disease Constipation
If so, are you under the care of a physician? Yes No
Are you taking any medication? Yes No
If so, please list:

Stomach/Digestive Health:

Do you have: Acid Reflux Gastric Ulcer Heartburn Celiac Disease?
If so, are you under the care of a physician? Yes No
Are you taking any medication? Yes No
If so, please list:

Ovarian/Breast Health:

Check off the situations that apply to you currently:
 Irregular Periods Menopause Fibrocystic Breasts
 Painful Periods Hysterectomy Heavy periods
 Amenorrhea Uterine fibroma Cancer (uterus, breast)
If so, are you under the care of a physician? Yes No
Are you taking any medication? Yes No
If so, please list:

Please indicate the date of your last menstrual cycle:

Thyroid Function:

Do you have thyroid problems? Yes No (if no, skip to next section)
If so, are you under the care of a physician? Yes No
Are you taking any medication? Yes No
If so, please list: _____

Emotional Evaluation:

Do any of the following apply to you? (if no, skip to next section)
 Depression Anxiety Panic Attacks
 Bulimia (or history of) Anorexia (or history of)
If so, are you under the care of a physician? Yes No
Are you taking any medication? Yes No
If so, please list: _____

Inflammatory Conditions:

Do any of the following apply to you? (if no, skip to next section)
 Migraines Fibromyalgia Rheumatoid Arthritis Lupus
 Osteoarthritis
 Chronic Fatigue Syndrome Psoriasis
 Other autoimmune or inflammatory condition: _____

If so, are you under the care of a physician? Yes No
Are you taking any medication? Yes No
If so, please list: _____

General:

Do you have cancer? Yes No
Are you in cancer remission? Yes No
If so, please specify and indicate for how long: _____
If so, are you under the care of a physician? Yes No
Are you taking any medication? Yes No
If so, please list: _____

Are you generally fatigued or have low energy? Yes No

Are you pregnant? Yes No Are you breastfeeding? Yes No

Do you get cold easily? Yes No Do you have cold hands/feet? Yes No

Do you have other health problems? Yes No

If so, please specify: _____
If so, are you under the care of a physician? Yes No
Are you taking any other medications not listed above? Yes No
If so, please list: _____

Are you currently taking Vitamins, Herbs or Supplements? Yes No

Vitamin, Herb or Supplement Name

Reason

1. _____
2. _____
3. _____
4. _____
5. _____

Allergies:

Do you have any **food** allergies? Yes No

If so, please list:

Do you have any **medication** allergies? Yes No

If so, please list:

Eating Habits: (please be as honest as possible so that we may better help you)

Breakfast

Do you have **breakfast** every morning? Yes Sometimes Never

Approximate Time: _____

Examples: _____

Do you have a **snack** before lunch? Yes Sometimes Never

Approximate Time: _____

Examples: _____

Lunch

Do you have **lunch** every day? Yes Sometimes Never

Approximate Time: _____

Examples: _____

Do you have a **snack** before dinner? Yes Sometimes Never

Approximate Time: _____

Examples: _____

Dinner

Do you have **dinner** every day? Yes Sometimes Never

Approximate Time: _____

Examples: _____

Do you eat a **snack** at night? Yes Sometimes Never

Approximate Time: _____

Examples: _____

Other:

Do you prefer: Sweet foods Salty foods Fatty foods

Are you a vegetarian? Yes No

How many glasses of water do you drink per day? _____ glasses

How many cups of coffee do you drink per day? _____ cups

Do you smoke? Yes No

If yes, how many packs per day? _____ for how many yrs? _____

Do you drink alcohol? Yes No

If yes, what, how much, and how often? _____

CASH Scale: Compulsions or Cravings/Appetite/Satiety/Hunger

Score each item on a 0—10 numbering scale. Each feeling represents a different part of the brain and different neurotransmitters

Compulsions/Cravings

Feeling or urge to eat when not hungry. You are full. There is no food in sight. You get an urge to eat which cannot be repressed.

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10
Never occurs Constant

Appetite

Feeling of hunger stimulated by sight, sounds, smells, or social cues. You recently ate and feel full. You walk into a room. There is food everywhere. It looks and smells good. Everyone is having fun. You:

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10
Never eat more Always eat more

Satiety

A feeling of fullness acquired during eating. When you eat, you usually:

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10
Leave food on plate one plate only second's thirds

Hunger

That feeling of a pain or ache in your stomach when really empty. This is a true pain or discomfort.

0---1-----2---3---4---5---6---7---8---9---10
Never hungry Constant hunger

You must take vitamins and minerals while you are on the Ideal Protein Weight-Loss Method. If you stop taking them, you may experience undesirable side effects. _____ (Client's initials)

If you are taking medications, are you interested in getting off of any or all of your prescription medications? Yes No

If you have health problems not indicated on this health profile, please consult your physician.

Signature: _____ Date: _____

The signatory client hereby recognizes the veracity of the information provided herein and that he/she has made an informed decision to go on the Ideal Protein Weight Loss Method.

Dear Physician/Practitioner,

This is a mutual patient who is requesting to start the Ideal Protein Weight Loss Program. We would like to have your medical clearance for her/him. Please fax your clearance response along with any instructions. Please call our office with any questions.

Our weight loss method consists of a four phase protocol; weight loss in the first two phases and maintenance in the later two. It has a beginning and an end. We offer protein foods which are available in over 40 delicious varieties, have a high-biological value, are low in calories, low in fat and contain eight essential amino acids. Our protocol not only ensures weight loss, but also stabilization of blood sugar levels and other obesity related issues. Ideal Protein products also support cellulite reduction, skin revitalization and can be used as food supplements which may improve convalescence. Today, the program's protocol and products are recommended by more than 3,000 Professional Health establishments across North America.

~ **Patient Name:**

~ **Date of Birth:**

~ **Physician/Practitioner Requesting Clearance:**

~ **Office Contact Person:**

Stefani Johnston, MSN, FNP (Dupont office) or Rachael Johnson, MSN, FNP (Jefferson office)

~ **Office Phone Number:**

(260) 432-4400

~ **Office Fax Number:**

Dupont office: (260)969-6898 Jefferson office: (260)432-8405

*Please fax any pertinent lab work related to the patient's medical condition(s) that have been collected by your office within the last 6 months to our office.

*In order for the patient to initiate the Ideal Protein weight loss program, our office would need to have this medical clearance faxed within ONE WEEK.

TO BE COMPLETED BY THE PHYSICIAN GIVING CLEARANCE:

Medical Clearance:

For: (patient name here)

YES NO RISK: Low Mod High

Current medications prescribed by your office:

1. _____
2. _____
3. _____
4. _____
5. _____

Comments/Recommendations:

Signed: _____

Date: _____

Printed Name: _____

Phone Number: _____

Contact Person: _____

Fax Number: _____

THANK YOU,