

**DAILY DIET AND MEDICATION FORM
WITH CONSENT FORM**

**72 Hrs- Residential Diabetes Tour
(21st-23rd september-2018)**



Date: _____

Name: _____ **Email:** _____ **DOB-** _____

Mobile: _____ **Profession:** _____ **Gender:** _____ **Age:** _____

WHATSAPP NUMBER*: _____ (Mandatory to provide)

Address For Correspondence:

Your preferred Language to receive Books (conditions apply) : Hindi or English

Size of Your T-Shirt : S/M/L/XL/XXL/XXXL/XXXXL:

Do you smoke: _____ **Do you Drink:** _____ **Any Allergy (Food):** _____

Vegetarian: _____ **Non- Vegetarian:** _____

10.Weight: _____ **11.Height:** _____ **13.B.P:** _____

14.Name of the Medical Condition / Diabetes : _____

For how long have you been suffering from Medical Condition / Diabetes:

***If Diabetic please fill the information below.**

HbA1c: _____ **Blood Sugar level (Fasting) :** _____ **Blood sugar Level (PP):** _____ **Date of the Test:** _____

15. If you have high cholesterol level please fill the info below :

Total Cholesterol _____ **HDL** _____ **LDL** _____ **TG** _____ **Date of the test:** _____

Any other Medical Condition/conditions: _____

Any Other Unusual Symptom or Discomfort that you do not have in any other normal day or activity

PHYSICAL-ACTIVITY:

Morning:* _____

Afternoon:* _____

Evening and Night :* _____

SLEEP PATTERN :*

- Wake up time _____ Sleeping time at night: _____
- Regular/disturbed sleep during night _____
- Day time nap (Time and duration) Morning and evening : _____

YOUR DAILY DIET:

Early morning, the first thing you eat/drink

Breakfast

10 a.m-12 noon:* (Mid-morning Snacks)

Lunch:

4Pm - 7p.m:* (Evening Snacks)

8 p.m - 10p.m:* (Dinner)

Late nightsnack: _____

MEDICATION AND DOSAGE CHART

DISEASE /MEDICAL CONDITION	MEDICATION / INSULIN TAKEN	Morning Time & Dose	Afternoon Time & Dose	Evening Time & Dose	Night Time & Dose	Before Sleep Dose

Important Note:

- 1. Please Provide Pictures of the Medications Taken By You Along With This Form**
- 2. Diabetes Type 1 Patients to provide last 15 Days Sugar readings along with Insulin Dosage.**
- 3. Please Use The Space Below For Any Other Important Information That Is Not Mentioned In The Form Which You Would Like To Bring To Our Notice:**



CONSENT FORM

Date ___/___/___

Time: _____

Patient's Name:

Age

Sex- M F

I
.....F/O,S/O,D/O,W/O.....
.....authorize Indo-Vietnam Medical Board and its
medical team to Treat me as per their treatment plan (**As Explained in Annexure-1
below**)

1. I understand that during the course of this Treatment few unforeseen conditions and complications may arise demanding immediate conventional medical treatment, which I will promptly seek without delay at my own expense.
2. I fully understand and further acknowledge that no guarantee/promise has been made to me regarding the outcome of the course and have been properly briefed about the result, and the unforeseen risks /complications arising during or after the course.
3. I had been given ample opportunity to inquire/interrogate/ask any of my queries/questions/doubts. Indo-Vietnam Medical Board has properly addressed and answered all my queries/questions/doubts to my satisfaction and have not forced me to take their treatment by any means.
4. I am aware that this is a Residential Program and I agree to follow all their instructions completely in the manner I am suppose to do.
5. In addition to above me and my other family members/well wishers further agree that Indo-Vietnam Medical Board will not be held responsible in any manner, whatsoever, for any medical deterioration or demise during the course of treatment or any other further complication arising out of it.

TERMS AND CONDITIONS:

1. All the payments are 100% upfront and are to be paid to Indo-Vietnam Medical Board before the commencement of the course. Fees once paid is non-refundable.
2. All disputes shall be subject to the Faridabad jurisdiction/court only.

I hereby certify and endorse that this consent form is filled in my presence and to my willingness to undertake this dietary/nutritional advise after making me and my well wishers understand the complete course and all other liabilities/risks which may arise during or later on.

Signature of Patient /Thumb impression: _____

Dated _____

Name of the relative /friend /next of kin Signature:

Relationship: _____ Contact Number: _____

Annexure-1

Diet and Nutrition:

Individual diet and nutrition based on Whole Food Plant Based Diet - "The China Study" are recommended to address deficiencies, treat Lifestyle diseases and promote health. The general health benefits include increased energy, increased gastrointestinal function, improved immunity and general well being.

Even the best of best, well accepted and approved therapies have their own risks & complications which may arise any time. It has been explained to me in advance in the Welcome mail. Certain conditions such as pregnancy, lactation, or those on multiple medications for lifestyle diseases such as of liver or kidney, cancer, heart-diseases etc, and young/old, need to proceed with caution and care.

I understand that results can't be guaranteed. I do understand and do not expect the Indo-Vietnam Board to be able to anticipate and explain all risks and complications of their dietary/nutritional advise, which may vary from person to person and case to case. I will rely on the doctor to exercise his judgment during the course, based on their system, procedure and knowledge, which I am sure they will take in best of my interest.

With this complete knowledge and awareness, I voluntarily give my consent to diagnostic and therapeutic dietary advice of Indo-Vietnam Board to be imparted by their doctor and other medical team.

SIGNATURE