



**INDO-VIETNAM
MEDICAL BOARD**

DAILY DIET AND MEDICATION FORM

Date: _____

Name: _____ Email: _____

Mobile: _____ Profession: _____ Gender: _____ Age: _____ DOB: _____

WHATSAPP NUMBER*: _____

Address for correspondence _____

International participants please write your time zone to IST _____

Do you smoke: _____ Do you drink: _____ Any allergy (Food): _____

Language English / Hindi _____

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 levels 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 :* _____

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 (**Explained to me in Welcome Mail and Annexure 1**)

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.
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 an online program and all the advise is provided digitally via videos/Whatsapp or any other online media. 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.
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 medical treatment 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" is 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 medical course, 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.

END

SIGNATURE