



**INDO-VIETNAM  
MEDICAL BOARD**

## DAILY DIET AND MEDICATION FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Profession: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_ DOB: \_\_\_\_\_

MOBILE NUMBER WITH Country code\*: \_\_\_\_\_

Mention Your Time Zone (For Patients Residing out of India): \_\_\_\_\_

Address for correspondence \_\_\_\_\_

City/County: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Language English / Hindi \_\_\_\_\_ Vegetarian/Non Vegetarian: \_\_\_\_\_

Do you smoke: \_\_\_\_\_ Do you drink: \_\_\_\_\_ Any allergy (Food/Drugs): \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

When did you first learn you had Diabetes/Duration of Diabetes: \_\_\_\_\_

Were you ever Hospitalized for Diabetes: Yes \_\_\_\_\_ No: \_\_\_\_\_ (If Yes, fill the info below):

List of Hospitalizations:

Month/Year	Where	How Long	Why

List All Medications Presently Taken Including Laxatives, Iron Pills, Antacids, Nutritional Supplements, Calcium and Vitamins

Name of Medical Condition/Disease	Name of Medicines /Insulin	Morning Time & Dose	Afternoon Time & Dose	Evening Time & Dose	Night Time & Dose	Before Sleep Dose

Do you monitor your sugar readings at home:\_\_\_\_\_ How many times:\_\_\_\_\_

	Time of Testing	Sugar Readings of Last 7 days (e.g 250, 289, 150, 126, 105, 245, 236)
Before Breakfast		
Before Lunch		
Before Dinner		
Before Sleep/Bedtime		
Other Times		

Have you experienced Hypoglycemia (Low Blood Sugar levels): Yes\_ No\_

If Yes fill info: What time of the Day\_\_\_\_\_ Symptoms experienced \_\_\_\_\_  
How do you treat Hypoglycemia \_\_\_\_\_

Insulin Dependent Patients to fill the information below:

1. Do you use Insulin Syringe: Yes\_\_\_\_\_ No\_\_\_\_\_ Size of syringe used \_\_\_\_\_
2. Do you Use Insulin Pen : Yes\_\_\_\_\_ No\_\_\_\_\_ For What Insulin \_\_\_\_\_
3. Do you use an insulin Pump : Yes\_\_\_\_\_No\_\_\_\_\_ Please Mention the Basal Infusion rate and dosage \_\_\_\_\_
4. Do you adjust your insulin on the basis of your everyday sugar readings or test: Yes/No\_\_\_\_\_

Do you have other medical conditions: Yes\_\_\_No\_\_\_ List the medical conditions:

\_\_\_\_\_  
\_\_\_\_\_

Have you undergone Heart Bypass Surgery/ Angioplasty (stent implant) Yes\_\_\_ No\_\_\_  
When \_\_\_\_\_

Any Other Unusual Symptom or Discomfort you presently have that you did not have in any other normal day or activity earlier:

\_\_\_\_\_  
\_\_\_\_\_

**Physical-Activity/ Exercise Regime:**

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: \_\_\_\_\_

4 PM – 7 PM\* (Evening Snacks) \_\_\_\_\_

8 PM – 10PM:\* (Dinner) \_\_\_\_\_

Late night snacks: \_\_\_\_\_

**Important Note:**

1. Please Provide Pictures of the Medications Taken By You Along With This Form
2. 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:

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**CONSENT FORM**

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.

**Name & Signature of Patient** \_\_\_\_\_

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**ANNEXURE1**

***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***