

DAILY DIET AND MEDICATION FORM
Residential-72hrs Diabetes Tour
Kuala Lumpur- Malaysia
(10-12 May-2019)



Date: _____

Name: _____

Email: _____

Profession: _____

Gender: _____

Age: _____

DOB: _____

MOBILE NUMBER WITH Country code*: _____

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

Address: _____

City/County: _____ State: _____ Country: _____

Vegetarian/Non Vegetarian: _____

Do you smoke: _____ Do you drink alcohol: _____ 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:

CONSENT FORM

.....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 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 program.

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 participate in this program by any means.

4. I hereby consent to follow the medicine tapering advice which recommends interventions in terms of introduction of appropriate food in recommended quantity time to time and accordingly being advised to taper the medicine. I understand that medicine tapering works on data collected from treatment of tens of thousands of people. I am willing to participate in this program of my free will, without any influence or coercion.

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 _____

ANNEXURE 1

1. The 'Residential- 72-Hrs Diabetes Program' is based on customized diet (Whole Food Plant Based Diet) designed with reference to the DAM Form submitted by you.

2. You have to eat/finish the complete meal/diet provided to you. Food other than the prescribed diet plan or from outside is not allowed and is strictly prohibited.

3. In these 3 days, you will also be barred from consuming any kind of caffeine or refined products. Both of these are known to be the stimulant of the brain (and these have been damaging your brain for quite a long time). In the absence of caffeine or refined food some patients may experience some kind of discomfort including:

- (a) Nausea*
- (b) Headache*
- (c) Stomach ulcer*
- (d) Loss of energy*
- (e) Mood swing*
- (f) Craving for caffeine/refined food*
- (g) Body cramps*

Above mentioned symptoms are simply the withdrawal symptoms which are just temporary and often very mild in nature and are normally experienced by only 20% of the patients.

We suggest you to prepare yourself mentally so that you overcome these mild symptoms successfully.

4. Dr Biswaroop Roy Chowdhury's last several National and International Diabetes Tour have seen the following results:

80% of the patients are able to reduce their diabetes medication and insulin to either zero or minimum requirement within the program itself.

10% of the patients are able to reduce their

- (a) Medication to zero*
- (b) Basal insulin to zero or much reduced*
- (c) Bolus insulin reduced*

within the "3 days of Diabetes tour itself" and then gradually may be able to reduce their bolus insulin to zero as well. But you have to have faith and patience.

Last 10% of the patients may not get expected relief within these 3 days as in these cases body responds really unpredictably; as you must understand that the blood sugar metabolism in the body depends on many factors which include:

- Age of the person*
- Duration of Diabetes*
- Current Medications*
- Medical complications*
- Food you eat*
- Anxiety/ stress*
- Menstrual cycle*
- Menopause*

- *Heavy brain work*
- *Sleep pattern*
- *Gastroparesis*
- *Other medications (like BP & Cholesterol lowering drugs)*

These 10% of the patients may have to follow the prescribed diet for longer duration. The results will reflect on their complete dedication towards diet.

*In this program we will be controlling the most important factor - **Food** and also you will be given training on how to control all other factors.*

5. You must understand that this "Diabetes Program" will not be like a casual group. Here, we all are expected to be very focused to achieve a definite goal. To achieve it you are expected to demonstrate the following qualities:

- ☐ *Punctuality*
- ☐ *Focus*
- ☐ *Strong will power*
- ☐ *Positive attitude*
- ☐ *Some amount of patience*
- ☐ *Hard-work*

Your cooperative nature and team spirit will help us to achieve this goal.

*If you strongly feel that you qualify the above mindset **then** you are the right person to participate in the tour.*