

# HCG Diet Kits Health Questionnaire

## Contact Information

Name  Home Phone:

Address  Work Phone:

City  State  Zip Code  Cell Phone:

Country

Email:

## Health Information

What is your height?  What is your weight?  Sex?  Date of birth:

Are you pregnant?  Are you diabetic?  Do you use tobacco?  Do you use alcohol?

Do you use recreational drugs?  Please list and describe any allergies and adverse reactions to medications that you have had in the box below. If none, state "None":  Please list in the box below all the prescription medications, non-prescription medications, and supplements you are currently taking:

If Yes, please list them all in the box below:

Do you have any important family history of any disease or condition?

I understand that I CANNOT do the HCG diet if I'm pregnant.  Yes

## HCG Diet Tips Information

Have you the FDA statement regarding HCG?

Do you still want to participate in the program?

As with all diets, one should always consult a medical professional before participating in the HCG Protocol. Hundreds of thousands have safely participated successfully in this protocol. Please check that you understand this statement.  Yes

How did you find out about HCG Diet Tips?

I understand that HCGDietTips and it's subsidiary sites are an escrow company that use 3rd Party Companies to supply the actual HCG to me. This is a release of liability for HCGDietTips and it's affiliate companies. (Please type your name in the box below to confirm you understand this):

Were you referred by a specific person or site?

Please list name:

Sign here:

If everything is completed to your satisfaction, please press the "Submit health Questionnaire" button below.

By signing this document, you are stating that you fully understand everything contained herein and that all statements made by you are true and correct.

Today's Date: