

Name _____
Date _____
Ht _____
Wt _____
BMI _____

GREAT LAKES WEIGHT AND WELLNESS

INTAKE CHECKLIST FOR THE OPTIFAST® PROGRAM:

_____ During the full formula phase of the OPTIFAST® Program, the patient is to avoid all alcohol consumption.

_____ During the full formula of the OPTIFAST® Program, patients should be aware that there is an increased risk of pancreatitis (inflammation of the pancreas) should the patient binge eat during this time. This condition causes acute pain and often leads to hospitalization.

_____ Eating any raw fruits or vegetables during the full formula phase of the OPTIFAST® Program will cause abdominal pain, bloating and diarrhea.

_____ Patients have been informed that the Center cannot exchange OPTIFAST® formula or Nutrition Bars once they have left the building. Patients who wish to trade flavors may do so with other members of their group. No refunds will be given for OPTIFAST® Formula or Nutrition Bars.

_____ Patients have been informed that the OPTIFAST® Formula is not to be stored in extreme temperatures (for example: a car exposed to the summer heat). The supplement is best stored at room temperature.

_____ Patient was informed on the importance and reason for cutting calories 3-7 days prior to starting the full formula diet.

Patient's Signature

Interviewer's Signature