



Health Profile

Date: _____

Dietary consultation involves a health profile. The purpose of the health profile is not to establish a diagnosis, but rather to determine a client's health status in order to guide his or her weight loss plan. A client may be advised to seek medical advice based on his or her health profile.

Legend (For clinic use)

NPA - Needs Prescriber Approval

NPC - Needs Prescriber Care

1. Overall (Please use print characters)

First name: _____ Last name: _____

Address: _____ Apt./unit: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Mobile: _____

Email: _____

Date of birth: _____ Age: _____

Profession: _____

Referral: _____

Current weight (lb): _____ Weight 1 year ago (lb): _____

Minimum adult weight (lb): _____ At age: _____

Maximum adult weight (lb): _____ Height: _____

Do you exercise? Yes No If yes, what kind? _____

How often? Daily Weekly Other _____

Have you been on a diet before? Yes No

If yes, please specify which diet(s) and why you think it didn't work for you (i.e. too rigid, too much cooking involved, etc.)

On a scale of 1 to 10, indicate what level of importance you give to losing weight with Ideal Protein's professionally supervised weight loss method: (circle one)

Least important 1 2 3 4 5 6 7 8 9 10 Very important

What is your marital status? Married Single Widow
 Divorce Other: _____

How many children do you have? _____ How old are they? _____

Who does most of the cooking at home? _____

On average, how many hours do you sleep per night? _____

Last name: _____ First name: _____ DOB: _____ (DD/MM/YY) Initials: _____



1. Overall (continued)

Who is your primary care physician (family doctor)? _____

Please list any physicians you see and their specialty (refer to medical information for list of disorders):

Dr. _____ Specialty: _____
 Patient since: _____ (MM/YY) Last visit: _____

Dr. _____ Specialty: _____
 Patient since: _____ (MM/YY) Last visit: _____

Dr. _____ Specialty: _____
 Patient since: _____ (MM/YY) Last visit: _____

Dr. _____ Specialty: _____
 Patient since: _____ (MM/YY) Last visit: _____

2. Diabetes N/A

Do you have diabetes? Yes No If no, please skip to next section.

Which type? **Type I – Insulin-dependent (insulin injections only)**
 Type II – Non-insulin-dependent (diabetic pills)
 Type II – Insulin-dependent (diabetic pills and insulin)

Is your blood sugar level monitored? Yes No If so, how often? _____

If so, by whom? Myself Physician
 Other – please specify: _____

Do you tend to be hypoglycemic? Yes No

NOTE: If you are currently on a Sodium-Glucose Co-Transporter inhibitor (SGLT-2), do not start the weight loss method.

3. Cardiovascular Function N/A

Have you had any of the following conditions?

<input type="checkbox"/> Arrhythmia (NPA)	<input type="checkbox"/> Hyperkalemia (High potassium) (NPA)
<input type="checkbox"/> Blood Clot (NPA)	<input type="checkbox"/> Hypokalemia (Low potassium) (NPA)
<input type="checkbox"/> Coronary Artery Disease (NPA)	<input type="checkbox"/> Hypertension (High blood pressure) (NPA)
<input type="checkbox"/> Heart attack (NPC)	<input type="checkbox"/> Pulmonary Embolism (NPA)
<input type="checkbox"/> Heart Valve Problem (NPA)	<input type="checkbox"/> Stroke or Transient Ischemic Attack (NPA)
<input type="checkbox"/> Heart Valve Replacement (porcine/mechanical) (NPA)	<input type="checkbox"/> Congestive Heart Failure (NPC)
<input type="checkbox"/> Hyperlipidemia (High cholesterol/triglycerides)	<input type="checkbox"/> Please select one (if applicable):
	<input type="checkbox"/> History of Congestive Heart Failure
	<input type="checkbox"/> Current Congestive Heart Failure (NPC)

Last name: _____ First name: _____ DOB: _____ (DD/MM/YY) Initials: _____



3. Cardiovascular Function (cont.) N/A

Have you ever had **any** type of heart surgery? Yes No

If so, which type? _____

Other conditions: _____

If you have answered yes to any of the above conditions, please give **all** dates of occurrence:

4. Kidney Function N/A

Have you had any of the following conditions:

Kidney Disease (NPA)

Kidney Transplant (NPA)

Kidney Stones

Do you presently have gout? Yes No Since when: _____

If yes, what medication has been prescribed? _____

If no, have you ever had gout? Yes No

If yes, when? _____

If yes to any of these events, please give dates of events. For multiple events please specify:

5. Liver Function N/A

Have you ever had any liver conditions? Yes No Date: _____

If yes, please list: _____

Have you ever had a gallstone incident? Yes No

6. Colon Function N/A

Do you have any of the following conditions:

Constipation

Diverticulitis

Crohn's Disease

Irritable Bowel Syndrome

Diarrhea

Ulcerative Colitis

If yes to any of these conditions, please give dates of events. For multiple events please specify:

Last name: _____ First name: _____ DOB: _____ (DD/MM/YY) Initials: _____



7. Digestive Function N/A

Do you have any of the following conditions:

- | | |
|--|---|
| <input type="checkbox"/> Acid Reflux | <input type="checkbox"/> Gluten intolerance |
| <input type="checkbox"/> Celiac Disease | <input type="checkbox"/> Heartburn |
| <input type="checkbox"/> Gastric Ulcer (NPA) | <input type="checkbox"/> History of Bariatric Surgery (NPA) |

If so, what type of bariatric surgery? _____

8. Ovarian/Breast Function N/A

Do you currently have any of the following conditions:

- | | |
|--|--|
| <input type="checkbox"/> Amenorrhea | <input type="checkbox"/> Irregular periods |
| <input type="checkbox"/> Fibrocystic Breasts | <input type="checkbox"/> Menopause |
| <input type="checkbox"/> Heavy periods | <input type="checkbox"/> Painful periods |
| <input type="checkbox"/> Hysterectomy | <input type="checkbox"/> Uterine Fibroma |

Date of last menstrual cycle: _____

Are you taking oral contraceptive pills? Yes No

Are you pregnant? Yes No

Are you breastfeeding? Yes No

9. Endocrine Function N/A

Do you have thyroid problems? Yes No

If so, please specify: _____

Do you have parathyroid problems? Yes No

If so, please specify: _____

Do you have adrenal gland problems? Yes No

If so, please specify: _____

Have you been told you have Metabolic Syndrome? Yes No

Last name: _____ First name: _____ DOB: _____ (DD/MM/YY) Initials: _____



10. Neurological/Emotional Function N/A

Do you have any of the following conditions:

- | | |
|--|--|
| <input type="checkbox"/> Alzheimer's disease | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Anorexia (History of) | <input type="checkbox"/> Epilepsy (NPA) |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Panic attacks |
| <input type="checkbox"/> Bipolar disorder | <input type="checkbox"/> Parkinson's disease |
| <input type="checkbox"/> Bulimia (History of) | <input type="checkbox"/> Schizophrenia |

Other issues: _____

11. Inflammatory Conditions N/A

Do you have any of the following conditions:

- | | |
|---|---|
| <input type="checkbox"/> Chronic Fatigue Syndrome | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Osteoarthritis |
| <input type="checkbox"/> Lupus | <input type="checkbox"/> Psoriasis |
| <input type="checkbox"/> Migraines | <input type="checkbox"/> Rheumatoid |
| <input type="checkbox"/> Other autoimmune or inflammatory condition | |

12. Cancer N/A

- Do you have cancer? (NPC) Yes No
If so, what type and where is it located? _____
- Have you ever had cancer? (NPC) Yes No
If so, what type and where is it located? _____
- Is your cancer in remission? (NPC) Yes No
If so, how long have you been in remission? _____ (mm/yy)

13. General N/A

- Do you have any other health problems? Yes No
If so, please specify: _____

Last name: _____ First name: _____ DOB: _____ (DD/MM/YY) Initials: _____



14. Allergies N/A

Do you have any food allergies or sensitivities? Yes No
If so, please specify: _____

15. Eating Habits (Please provide honest answers so that we can help you)

BREAKFAST

Do you have breakfast every morning? Yes Sometimes No Never

Approximate time: _____

Examples: _____

Do you have a snack before lunch? Yes Sometimes No Never

Approximate time: _____

Examples: _____

LUNCH

Do you have lunch every day? Yes Sometimes No Never

Approximate time: _____

Examples: _____

Do you have a snack before dinner? Yes Sometimes No Never

Approximate time: _____

Examples: _____

Last name: _____ First name: _____ DOB: _____ (DD/MM/YY) Initials: _____



DINNER

Do you have dinner every day? Yes Sometimes No Never

Approximate time: _____

Examples:

Do you have a snack at night? Yes Sometimes No Never

Approximate time: _____

Examples:

OTHER

Are you a vegan? Yes No

Strict vegans do not qualify due to too many dietary restrictions.

Are you a vegetarian? Yes No

Do you smoke? Yes No

If so, how many per day? _____

For how many years? _____

Do you drink alcohol? Yes No

If so, what and how often? _____

How many glasses of water do you drink per day? _____ glasses per day

How many cups of coffee do you drink per day? _____ cups per day

Last name: _____ First name: _____ DOB: _____ (DD/MM/YY) Initials: _____



Confirmation of full health status disclosure by the client and agreement to arbitrate disputes

I confirm that the information that I have provided and that is recorded by me on this Ideal Protein™ Health Profile is true, complete and accurate and that I have not withheld or otherwise omitted, whether in whole or in part, any information concerning my health status. In this respect, I confirm that I have disclosed all past and present i) physical and/or mental health problems or concerns that I have experienced, ii) diagnoses and/or surgeries that I have had, and iii) medications and supplements that were prescribed to me or that I have taken.

Without limitation to the foregoing, I specifically confirm that I do not have any of the **conditions** and that I am not taking any of the **medications specifically highlighted in purple / identified as NPC or NPA on this form**. Furthermore, I understand that I should not be undertaking or otherwise following the Ideal Protein™ Weight Loss Method if I have any of the said conditions or if I am currently taking any of the said medications unless i) I specifically consult with a medical doctor concerning my suitability to go on the Ideal Protein™ Weight Loss Method, ii) remain under the supervision of said medical doctor while I am on the Ideal Protein™ Weight Loss Method, and iii) provide documentation confirming the foregoing.

I understand that if i) I have any of the aforementioned conditions or if I am currently taking any of the aforementioned medication, ii) have not disclosed same to the clinic and iii) nevertheless chose to go on the Ideal Protein™ Weight Loss Method without specific supervision, such decision will be completely voluntary, and I release and discharge the clinic as well as Ideal Protein of America, its parent companies, subsidiaries and affiliates and their respective shareholders, directors, employees, agents, representatives, successors and assigns (collectively, the **"Releases"**) from any and all damages, liability, claims and causes of action of any nature whatsoever (including for injury, illness or death) that may result from such voluntary and informed decision.

I confirm that the Ideal Protein™ Weight Loss Method has been explained to me, that I have had the opportunity to ask questions relating to the Ideal Protein™ Weight Loss Method, that I have been provided with the answers to such questions and that I understand the importance of strictly following the Ideal Protein™ Weight Loss Method as explained to me verbally and in the materials provided to me, both before and during the period I will be following the Ideal Protein™ Weight Loss Method.

Without limitation to the foregoing, I confirm that I have been advised that because the Ideal Protein™ Weight Loss Method limits the ingestion of certain foods, it is important that I consume the recommended vitamins and minerals while I am on the Ideal Protein™ Weight Loss Method.

I undertake to disclose immediately to the clinic any and all changes in my health status, discomfort, symptoms or other health concerns that I may experience while I am on the Ideal Protein™ Weight Loss Method.

I specifically agree that all claims against any of the Releases that I may have or choose to make shall only be submitted to binding arbitration under the rules of the Arbitration Act or similar statute of my province of residence, and I waive any rights to pursue any claims or causes of action in any court of law.

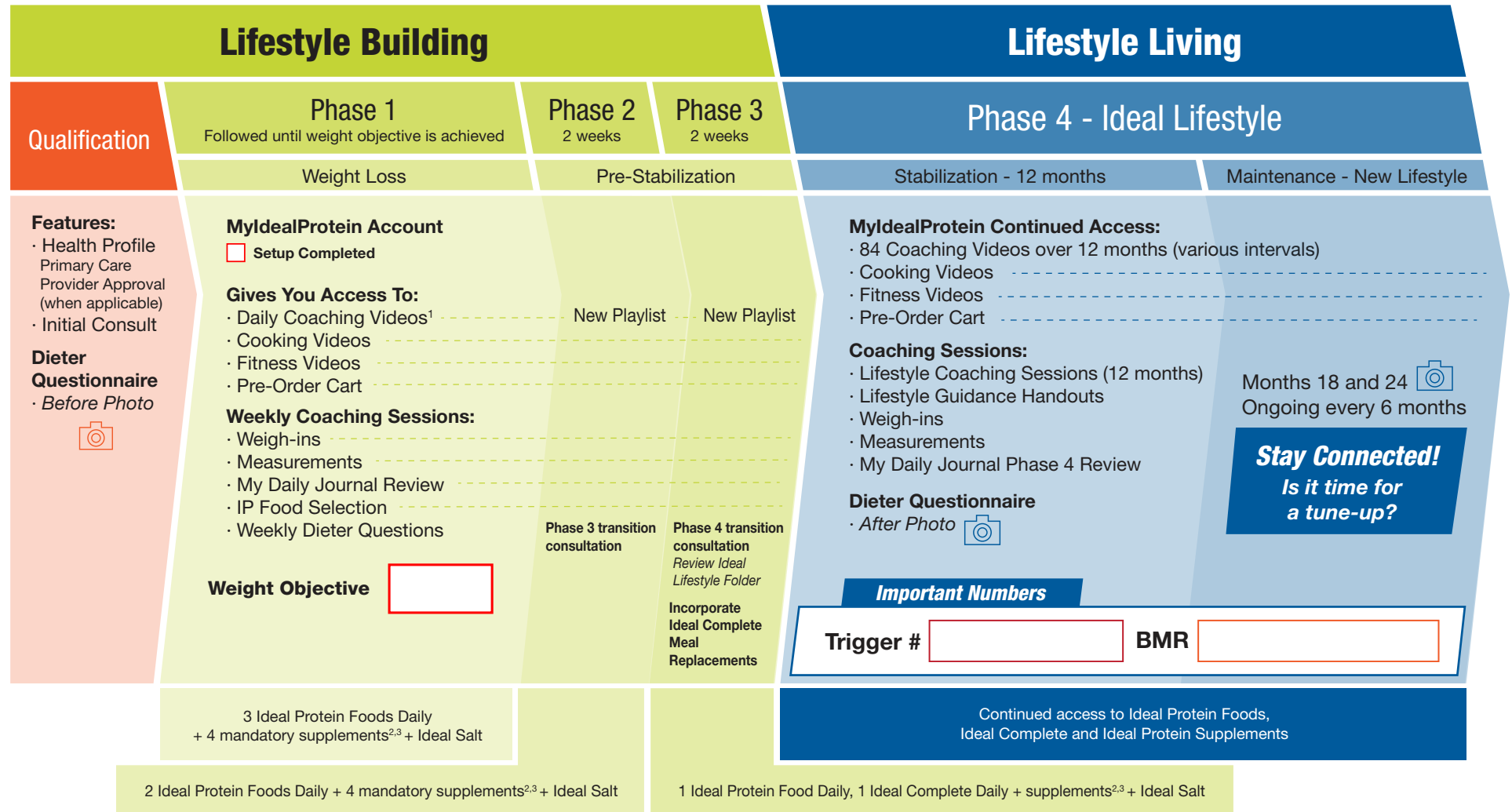
Signed in _____ (city/state), on this _____ day of _____, 20_____.	
Name of witness:	_____
Name of client (print)	_____
_____	_____
Name and title	Signature

Last name: _____ First name: _____ DOB: _____ (DD/MM/YY) Initials: _____

The Ideal Protein Protocol Roadmap



Why? (What's your motivation for personal transformation?) _____



¹Clinic must manually change video playlist to Phase 2 once Phase 1 has been completed. ²Additional supplements may be required. ³Speak to your clinic about BCAA's.



It Just Makes Sense!

The Knowledge to Help You Keep Those Pounds Off!

The Ideal Protein Weight Loss Method is a medically designed protocol that promotes weight loss while sparing muscle mass. Dr. Tran Tien Chanh, MD PhD, developed the weight loss method in France over 20 years ago. Dr. Tran focused his career and research on nutrition with a particular emphasis on the treatment of obesity and obesity related issues.

The Ideal Protein Weight Loss Method is a 4-Phase method that encourages pancreas and blood sugar levels stabilization while burning fat and maintaining muscle and other lean tissue.

Our products are only available through trained and certified health professionals. Each Ideal Protein establishment has one or more experts to guide the dieter through the program. This valuable process serves to educate and encourage the dieters with a consistent method that is scientifically proven and deemed by most as easy to execute and maintain.

Obesity in Today's Society

The Centers for Disease Control and Prevention (CDC) labels obesity as public enemy number one. According to their research, "in 2009-2010, more than one-third of U.S. adults (35.7%) were obese¹." Their studies also demonstrate that obese individuals have a higher risk for the following conditions:

- Cancers (endometrial, breast and colon)
- Coronary heart disease
- Dyslipidemia
- Gynecological problems (abnormal menses, infertility)
- Hypertension
- Liver and gallbladder problems
- Osteoarthritis
- Type II diabetes

Obese individuals also have a higher-than-normal rate of respiratory diseases. The CDC studies predict that one in three people born today will develop diabetes in their lifetime. In 2012, their research also reveals that "obesity now affects 17% of all children and adolescents in the United States – triple the rate from just one generation ago."

According to the Organisation for Economic Co-operation and Development (OECD), Canada's prevalence of obesity is over 25%, ranking them as the fourth country worldwide most affected by obesity².

The United States is one of the richest countries in the world with the largest obesity rate per capita and some of the largest healthcare costs per person. How did we get here? Increased consumption of more energy-dense, nutrient-poor foods with high levels of sugar and saturated fats, combined with reduced physical activity and stress, all have contributed to where we are today, a state that the World Health Organization has no qualms labeling as an obesity epidemic. The good news, obesity is preventable.

¹ Centers for Disease Control and Prevention. www.cdc.gov

² Organisation for Economic Co-operation and Development (OECD), 2009.



Metabolic Syndrome

The Ideal Protein Weight Loss Method's goal is to help address the issues surrounding the metabolic syndrome. To qualify as part of this epidemic that is steamrolling North America, adults or children need only suffer from two of the four components of the metabolic syndrome:

1. Obesity
2. Blood sugar issues (Diabetes)
3. Cholesterol problems
4. High blood pressure

What is the Source of Most Weight Issues?

According to Dr. Tran, "the cause of most weight issues in a modern society is insulin dysfunction. A diet grossly disproportionate in its share of saturated fats and sugars, such as in breads, cereals, muffins, cakes, pastries, pasta, pizza, rice, corn - very much like the North American diet - causes the pancreas to produce an overabundance of insulin, which stays in the system and puts the blood sugar level in a negative balance."

An overproduction of insulin may also lead to hypoglycemia or low glycemia, which in turn, induces constant sugar cravings and weight gain. Insulin's primary function is to regulate blood sugar levels however it is also the hormone that facilitates the transport of fat (triglycerides) into the fat cells. Even worse, it locks the fat in the fat cell, preventing it to be used as a source of energy. Now, because the blood sugar has dropped (and we can't access the fat as a fuel source) it creates sugar cravings and the vicious cycle begins again. In other words, an over abundance of insulin causes weight gain.

Principles Behind the Protocol

Learn to live off of the body's own fat reserves. The body employs energy from three reserves: glycogen (carbohydrate), protein and fats. First from its simple and complex carbohydrate reserves and when depleted, turns simultaneously to its protein and fat reserves for energy. A person not in need of weight loss typically has approximately 1-2% of their body's reserves from carbohydrates, approximately 19% from their muscle mass and 79% of their body reserves from fat.

Simple and complex carbohydrates can prevent weight loss. The body stores approximately three days worth of carbohydrates. Until 100% of the weight loss goal is achieved, we restrict carbohydrates (simple and complex). Why? Because as long as sugar is being consumed, the body is not burning fat. It's as simple as that. Remember, the first source of energy is derived from glycogen (carbohydrate) reserves. The main principle is to deplete the glycogen (carbohydrate) reserves completely in order to compel the body to turn to its fat reserve to burn calories.

How do we encourage the body to burn its fat reserves and encourage its muscle mass maintenance, if both are depleted simultaneously? First, by providing the body with foods that have a high protein value, complete with 8 essential amino acids, 97% absorbable, which make them biologically complete proteins.

Second, by supplementing with nutrient-rich supplements such as Natura Multi-Vita, Natura Calcium and Magnesium, Omega-3 Plus and Potassium, key ingredients in muscle building and electrolytes to replace those normally found in foods while restricted on the Ideal Protein Weight Loss Method.



The Ideal Protein Food Selection

The centerpiece of our weight loss method is our gourmet protein based foods, which the dieter will consume during the weight loss phases of the program.

These are high biological value proteins and employ six different proteins, varying from products to products: whey isolates, soy isolates, whole milk protein, pea protein, albumin, and hydrolyzed collagen. This gives the client many options and is designed so people with sensitivities to dairy, soy or vegetarians may participate in the program. They are delicious, practical, satisfying and are available in an array of textures and flavors. The assortment includes foods that are crunchy, chewy, hearty, smooth, sweet, spicy and salty. They can be served hot, warm, cold or even frozen.

The client will use these products to build complete meals, adding vegetables and salads. Each sealed envelope ensures full potency and freshness, and contains up to 20 grams (0.7 oz.) of protein with very little to no fat or sugar. These are easy to prepare and can be incorporated into a busy lifestyle very nicely.

What to Expect

Based on over 20 years of helping others achieve their weight loss goals, the Ideal Protein Weight Loss Method enables the following:

An understanding of:

- The impact food has on the body.
- How to identify the food combinations that may promote fat storage.
- The mechanism that we need to trigger in order to lose fat.



Phase 1

To be followed until 100% of your weight loss goal is achieved.

IMPORTANT: Only the items indicated on this sheet are permitted. Serving size must be respected: eat no more/no less than indicated.

Log in to your MyIdealProtein account to view your daily coaching and recipe videos!

BREAKFAST	LUNCH	DINNER	SNACK	ADDITIONAL DAILY REQUIREMENTS
<p>1 Ideal Protein food</p> <p>Optional: Coffee/tea with 30 ml (1 oz.) of regular milk. Sweetener permitted (in limited quantity)*</p> <p>SUPPLEMENTS 1 Natura Multi-Vita 1 Natura Potassium</p>	<p>1 Ideal Protein food and 2 cups of select vegetables</p> <p>Optional: Unlimited raw vegetables/lettuce</p>	<p>225 g (8 oz.) of 1 dinner protein and 2 cups of select vegetables</p> <p>Optional: Unlimited raw vegetables/lettuce</p> <p>SUPPLEMENTS 2 Natura Cal-Mag 1 Natura Multi-Vita 2 Omega-3 Plus</p>	<p>1 Ideal Protein food</p> <p>SUPPLEMENTS 2 Natura Cal-Mag</p>	<p>Drink a minimum of 2 L (64 oz.) of water</p> <p>2 teaspoons of olive oil or grape seed extract oil</p> <p>¼ teaspoon of Ideal Salt</p>

Natura Anti-Oxy (2 capsules daily) and Natura Enzymes (1-2 at mealtimes) are strongly recommended in all phases.

*Some sweeteners contain hidden sugar and may hinder your weight loss.

DINNER PROTEIN – No frying or breading permitted / Weigh before cooking.

Fish: Anchovy, bass, catfish, cod, flounder, grouper, haddock, hake, halibut, mahi-mahi, monkfish, perch, pike, red snapper, redfish, sea bass, shark, smelt, sole, swordfish, tilapia, tuna (red tuna once per week), trout, turbot, walleye, whiting, salmon (wild salmon once per week).

Seafood: Clams, crab, crawfish, lobster, mussels, oysters, scallops, scampi, shrimp, squid.

Beef: Flank steak, ground beef (extra-lean), lean roast, round, rump steak, sirloin, tenderloin, tournedos.

Poultry: Chicken (skinless), 6 eggs (2-4 whole, remainder must be egg whites), fowl, quail, turkey, wild birds.

Pork: Lean ham, pork tenderloin.

Veal: Breast, cutlet, inside round scaloppini, rib, shank, shoulder, tenderloin.

Other: Bison, deer, elk, frog legs, kidney, lamb loin, liver, moose, ostrich, rabbit, plain tofu.

UNLIMITED RAW VEGETABLES/LETTUCE

Arugula, Bibb lettuce, Boston lettuce, celery, chicory lettuce, cucumber, endives, escarole lettuce, frisée lettuce, green and red leaf lettuce, iceberg lettuce, mushroom, radicchio, radish, romaine lettuce, spinach and watercress lettuce.

SELECT VEGETABLES – 2 cups per meal – Measure before cooking

Alfalfa, asparagus, bamboo shoots, bean sprouts, bell peppers, broccoli, cabbage (all), cauliflower, celeriac, celery, chayote, chicory, collards, cucumbers, dill pickles, fennel, Gai Lan (Chinese broccoli), green onions, jicama, kale, kohlrabi, mushrooms, okra, onions (raw only), hot peppers, radish, rhubarb, sauerkraut, spinach, Swiss chard, turnip, zucchini/yellow summer squash.

OCCASIONAL VEGETABLES – Maximum 4 cups per week – Measure before cooking

Beans (green and wax), Brussels sprouts, eggplant, heart of palm, rutabaga, snow peas, tomatillo, tomatoes (all).

SEASONINGS

Apple cider vinegar, fine herbs, fresh herbs (basil, bay leaves, cilantro, chervil, chives, dill, marjoram, mint, oregano, parsley, rosemary, sage, savory, tarragon, thyme), garlic, ginger, lemon, lemongrass, hot mustard, hot sauce, soy sauce, sorrel, spices (MSG free/no carbohydrates), tamari sauce (1 tablespoon), white vinegar.

RESTRICTED IP FOODS – You may choose only 1 restricted Ideal Protein food per day.

You can find additional meal ideas (with or without Ideal Protein foods) in the *My Ideal Recipes* book by Chef Verati, as well as on my.idealprotein.com and LowFatLowCarb.com.

Guidelines for Maximal Weight Loss

Water

- Drink a minimum of 64 oz of water a day
- For every oz of coffee add one oz of water to the 64 oz minimum
- Decaffeinated beverages can count up to 16 oz of your water intake. You may drink more but it does not count toward your water requirement
- The water used to mix your IP packets DOES NO COUNT toward your water intake
- Limit your use of flavored beverages to no more than half your water
- Do not use any flavoring that contains aspartame (read the label)
- Ideal Protein Mangosteen or Tangerine water enhancers can be used without restriction
- You may use up to one whole lemon or lime every day. You can also flavor your water with cucumber or mint

Zero Calorie Foods and Seasonings

- Miracle noodles are allowed every day
- When using Walden Farms stick to the serving size on the bottle and limit to two servings per day
- Sugar Free jello is ok to have on program. Do not exceed two servings per day
- "I Can't Believe It's Not Butter" olive oil spray is permitted to a max of five pumps per day
- Use "Pam" and other oil sprays very lightly- one second spray
- One trivia or 3-4 Splenda/ Stevia per day
- Sugar Free Gum is allowed but limited to two sticks per day and counts towards your 3-4 Splenda/ Stevia allowance

Exercise

- You are NOT required to exercise while on the Ideal Protein Phase One protocol, **but you are allowed to after the first week**
 - Let us know if and when you want to begin exercising and we will make adjustments accordingly. The following are allowed :
 - Weight Training
 - You lower rep schemes with at least a two minute rest between sets. If you do not know what this means, Dr Wichin will be happy to explain it to you
 - Pilates
 - Yoga- gentle, restorative yoga. NO HOT yoga
 - Walking- a gentle stroll is fine. There should be no heart rate elevation at all. You should be able to talk normally at all times.
 - NO cardio training in Phase 1

Additional Facts

- Do not take liquid cold medicine unless they are SUGAR FREE
- Constipation: IP Senna, Miralax, Prune Lax, Colace are ok, follow dosing on the label
- IP collagen proteins (Blueberry Granata drink, Raspberry and Cherry Jello) are only consumed every other day
- Raspberry Chocolate bar is an occasional restricted product: one per week in place of your restricted that day

Guidelines for Maximal Weight Loss

Timing

- Eat within 1 hour of getting up every day (unless on thyroid medication in which case eat one hour after you take your medicine)
- Do not eat within 2 hours of bedtime unless you need your third Ideal Protein serving
- Eat every 3-5 hours throughout the day. Try to have one Ideal Protein or 4 oz of lean protein every 3-5 hours for maximum metabolism and weight loss (remember your lean protein is 8 oz per day (precooked weight))

Proteins

- In Phase 1 you MUST eat a minimum of 3 Ideal Protein servings per day. Skipping a serving (even if you are not hungry) may result in a loss of lean muscle mass.
- If hungry during the first two weeks you may have an additional two Ideal Protein unrestricted products as snacks for a total of five per day
- ONLY ONE RESTRICTED PRODUCT PER DAY
- Dinner protein is weighed before cooking
- For best results you may want to limit red meat to two-three times per week
- You may split up your protein over your meals if 8 oz is too much at one sitting
- You may have 4 eggs + two egg whites in place of your dinner protein
 - 2 whole eggs and 1 egg white = 4 oz of protein
 - 1 egg + 1 egg white = 2 oz of protein
 - 1 egg = 1.5 oz of protein
 - 3 egg whites = 1 oz of protein
- If you are using vegetarian “mock” proteins, do not have a restricted Ideal Protein product that day
- Limit deli meats to turkey breast (without honey), chicken breast, roast beef, fat free ham, preferably nitrite and preservative free
- Fatty meats such as Prime rib, NY strip, rib eye, corned beef, lamb chops and pork chops should be used VERY sparingly
- If it's not on the sheet DO NOT EAT IT

Vegetables

- Always eat 4 cups of vegetables per day. Measure them pre cooked. Use either a measuring cup or a food scale. Do not eat all at once , 2 cup max for lunch , 2 cup max for dinner or snack on them during the day
- Choose vegetables from the select or free list as much as possible
- Occasional list vegetables are limited to four cups total per week and never have all four cups on the same day

Supplements

- Always use 1/4 teaspoon of Ideal salt, more is fine
- Always have 2 teaspoons of olive or grape seed oil per day
- Take 4 Nordic Natural fish oil caps per day for a total of 2500mg of Omega 3's
- Take all supplements every day and take them with food. If you are taking thyroid medication please wait at least an hour after you take your medication
- If taking the vitamins at breakfast makes you nauseous then move them to lunch