Well Adjusted
Chiropractic and Acupuncture Clinic, p.c.

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HCG DIET QUESTIONAIRRE

Full Name: _____

Complete Address: _____

Gender: _____ Height: _____ Weight: _____

Pregnant: Y or N Fertility issues: Y or N

Taking Medication: Y or N
If Yes please list medication and why they are taken.
_____
_____
_____

Are you allergic to any type of medication? Y or N
Please list if Yes: _____
_____
_____

Are you taking any Hormones for any reason? Y or N
Please list if Yes:
_____
_____
_____

Do you currently have an exercise program? Y or N
Please explain:
_____
_____
_____

Do you have a history of Cancer? Y or N _____
Do you have a history of Diabetes? Y or N _____
Do you have a history of Hypertension? Y or N _____

Questions or concerns? _____
_____
_____