



# Optimal Family Chiropractic, LLC

22 Plaza Road  
Flanders, NJ 07836  
Dr. Brenda L. Rooney

Phone #: (973) 584-4888  
Fax #: (973) 584-1666

Patient Name: \_\_\_\_\_, Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Address: \_\_\_\_\_, City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_, Ok to send an email:  Yes,  No

Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_, Ok to leave voicemail:  Yes,  No, Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_, Your Profession/employment: \_\_\_\_\_

How did you find out about our weight loss program? \_\_\_\_\_

Medical Doctor's Name: \_\_\_\_\_

Are you currently pregnant, breast feeding, have active cancer, or cholecystitis (Gallbladder disease)?  Yes,  No **(If yes, you are not eligible to participate in this program).**

Do you experience any of the following conditions even if they are minor and go away on their own?

<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Headaches	<input type="checkbox"/> Hypoglycemia
<input type="checkbox"/> Cancer	<input type="checkbox"/> Neck Pain	<input type="checkbox"/> Upper Back Pain	<input type="checkbox"/> Thyroid Problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Digestive Problems	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Chronic Fatigue
<input type="checkbox"/> Fibromyalgia	<input type="checkbox"/> Numbness	<input type="checkbox"/> Stress/Irritability	<input type="checkbox"/> Sinus/Allergy
<input type="checkbox"/> Hip/Knee Pain	<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Chronic Inflammation	<input type="checkbox"/> Other

Others: Please explain: \_\_\_\_\_

- Are you currently on any medications and for what health condition?
- Why do you currently want to lose weight? How motivated and dedicated are you to do what it takes to lose the weight and improve your health and overall well-being on a scale from 1-10 (1 not motivated and 10 extremely motivated).  1,  2,  3,  4,  5,  6,  7,  8,  9,  10?
- How many years have you struggled with your weight?
- Have you tried other weight loss programs and if so, what programs have you tried?  Jenny Craig,  Weight Watchers,  Nutrisystem, and Others: \_\_\_\_\_  
For how long? \_\_\_\_\_
- What were your results and how long did you keep the weight off?
- Do you currently take nutritional supplementation?  Yes,  No If so please list them below. **(Are you taking EFA's (fish oil)?  Yes,  No (Patient will need to discontinue EFA's while on this program).**  
\_\_\_\_\_  
\_\_\_\_\_
- Do you have any other health challenges that you feel is important for us to know about?



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### **CHIROTHIN WEIGHT LOSS PROGRAM INFORMED CONSENT**

I understand that my use and consumption of any ChiroThin product or engaging in any weight loss program including the type that is to be used in conjunction with ChiroThin, have inherent risks to my health and well-being, including but not limited to headaches, nausea, dizziness, vomiting, fatigue, pain, loss of consciousness, shortness of breath and other ailments. I understand as well that rapid weight loss of over 1-2 lbs. per week is considered by most in the weight loss medical community to be excessive and may lead to ailments similar and in addition to those mentioned above. Therefore, I understand that my failure to follow the weight loss program exactly as described to me by my physician or chiropractor can result in severe temporary and/or permanent medical conditions in addition to those mentioned above.

**I understand that I am not to use or consume any of the ChiroThin products if I am pregnant or think I might be pregnant.**

I understand that, as a dietary supplement, the ChiroThin product is manufactured by ChiroNutraceutical and their manufacturing facility is located in the United States and is FDA certified. This means that ChiroNutraceutical, has routine inspections by the FDA to ensure compliance with current Good Manufacturing Practices (cGMPs) and the Code of Federal Regulations (CFR) for your safety. Unlike many nutritional companies, ChiroNutraceutical holds its own individual FDA established number. I additionally understand that The ChiroThin Weight Loss Program is not meant to diagnose, treat or cure any disease or medical condition and that I am to undergo participation in the ChiroThin Weight Loss Program only under doctor supervision. I also understand that I should consult with my doctor prior to starting ANY exercise or nutritional supplement program.

I understand that, if I experience any ailment, including but not limited to headaches, nausea, dizziness, vomiting, fatigue, pain, loss of consciousness, shortness of breath and other ailments, I should immediately stop using or consuming the ChiroThin product and, if my symptoms do not resolve immediately, I should consult my physician or go to the hospital emergency room.

I hereby consent to, and assume the risks associated with, the use and consumption of ChiroThin product and agree to follow the recommendations and instructions of my physician. I further agree not to use or consume any ChiroThin product without the advice, counsel, and recommendations of my physician.

**The doctor supervised ChiroThin weight loss program is non-refundable.**

I understand that by following all of the instructions and requirements of the doctor supervised ChiroThin weight loss program, I should expect to lose at least 20 lbs. However, this weight loss is contingent upon the following criteria:

- I must make all of my weekly in-office appointments for measurements, monitoring, and counseling.
- I must strictly follow the program's protocol as well as follow the directions of Doctor Brenda L. Rooney.
- It is my responsibility to be certain I understand all aspects of the program and to ask for help or clarification if necessary.
- If the food is not included in the ChiroThin literature, **do not eat it!**
- Steroids taken or used in any form during this program will affect weight loss progress.



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I have read [ ] or have had read to me [ ] the above explanation of the ChiroThin weight loss program and the related treatment. I have discussed it with Doctor Brenda L Rooney and have had my questions answered to my satisfaction. By signing below, I state that I have weighed the risk in undergoing the treatment and have decided that it is in my best interest to undergo the treatment recommended. I am aware that the doctor supervised ChiroThin weight loss program is non-refundable. Having been informed of the risks and no refund policy, I hereby give my consent to participate in the doctor supervised ChiroThin weight loss program.

Printed Name: \_\_\_\_\_

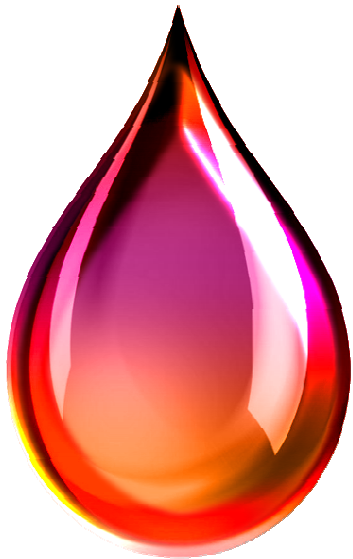
Doctor's Name: Dr. Brenda L. Rooney

Patient's Signature: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_



DOCTOR SUPERVISED  
**CHIROTHIN**  
WEIGHT LOSS PROGRAM