

## MEDICAL CHECK LIST & MEDICAL APPROVAL

Please  if you have or have had any of the following conditions or circumstances:

Clients with any of the medical conditions listed below are **not currently eligible (NE)** for the ShiftSetGo weight loss program.

- |   |  |
|---|--|
| <input type="checkbox"/> Severe Liver Disease         | <input type="checkbox"/> Currently Undergoing Cancer Treatment |
| <input type="checkbox"/> Severe Kidney Disease        | <input type="checkbox"/> Strict Vegan Lifestyle                |
| <input type="checkbox"/> Diagnosis of Parkinson's     | <input type="checkbox"/> Currently Pregnant                    |
| <input type="checkbox"/> Currently on Lithium Therapy | <input type="checkbox"/> Alzheimer's Disease                   |
| <input type="checkbox"/> Heart Attack within 6 Months | <input type="checkbox"/> <b>None of These Conditions Apply</b> |

The conditions below require a Physician Signature (PS)

Clients with any of the medical conditions listed below will be sent to their primary care doctor or specialist along with the Authorization to Use Protected Health Information (PHI) medical release form.

- |   |   |
|---|---|
| <input type="checkbox"/> Arrhythmia (Abnormal Heart Rhythm)                             | <input type="checkbox"/> Stroke or Transient Ischemic Attack (TIA)                      |
| <input type="checkbox"/> Kidney Disease   | <input type="checkbox"/> History of Congestive Heart Failure                            |
| <input type="checkbox"/> Kidney Transplant  | <input type="checkbox"/> Child Under Age 17 (Pediatrician Approval)                     |
| <input type="checkbox"/> Coronary Artery Disease  | <input type="checkbox"/> Gastric Ulcer  |
| <input type="checkbox"/> Heart Valve Problem  | <input type="checkbox"/> Heart Valve Replacement  |
| <input type="checkbox"/> Epilepsy -seizure w/in 1 year                                  | <input type="checkbox"/> History of Heart Attack w/in 1 year<br>(Cardiologist Approval) |
| <input type="checkbox"/> Blood Clot-Taking Blood Thinner                                | <input type="checkbox"/> Hypokalemia (Low Potassium Level)                              |
| <input type="checkbox"/> Hyperkalemia (High Potassium Level)                            | <input type="checkbox"/> History of Cancer:   |
| <input type="checkbox"/> Pulmonary Embolism- Taking Blood Thinner                       | <input type="checkbox"/> 5 Years or Less  |
| <input type="checkbox"/> Currently on Steglatro Invokana, Jardiance or Farviga (SGLT-2) | <input type="checkbox"/> More than 5 years  |
| <input type="checkbox"/> <b>None of These Conditions Apply</b>                          |   |

Clients with any of the medical conditions listed below will be asked to closely monitor their medications and allow us to send progress updates to your physician. You may also be placed on our modified plan.

- Type II Diabetic       Taking high blood pressure medication       Taking Coumadin

Clients with the following will be on the Modified ShiftSetGo weight loss program:

- Currently Breast Feeding       Type 1 Diabetic

**Do you have a surgery within the next month?      Yes      No**

**Do you have a vacation scheduled within the next month?      Yes      No**

\*Please talk to a Coach prior to your Initial Consultation if you have any questions regarding this Medical Condition Checklist or the accompanying Medical Release form.

CLIENT SIGNATURE

PRINTED NAME

DATE

\*\*\*\*\*

I have reviewed the ShiftSetGo Weight Loss Method Overview and approve \_\_\_\_\_ to participate in the ShiftSetGo Weight Loss program.

PHYSICIAN/PROVIDER SIGNATURE

PRINTED NAME

DATE

# Health Summary Overview

Dietary consultation involves a health summary overview. We are not a medical facility and our staff cannot and will not provide any medical or psychological advice. 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.

## 1. Overall (please use print characters)

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Best Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ (under 18 **PS**) Height: \_\_\_\_\_ Do you know your current weight?: \_\_\_\_\_

Profession: \_\_\_\_\_ Referral: \_\_\_\_\_

Do you exercise? Yes No If yes, what kind? \_\_\_\_\_ How often? Daily Weekly Other

If you have tried to lose weight before why you think it didn't work for you (i.e. too rigid, too much cooking involved, etc.)

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

Not important      **1**      **2**      **3**      **4**      **5**      **6**      **7**      **8**      **9**      **10**      Very important

Who does the cooking in your home? \_\_\_\_\_ If not you, is the cook supportive of your weight loss journey? \_\_\_\_\_

Who is your primary care physician (family doctor)? \_\_\_\_\_

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

Dr. \_\_\_\_\_ Specialty: \_\_\_\_\_ Patient since: \_\_\_\_\_ (mm/yy)

Dr. \_\_\_\_\_ Specialty: \_\_\_\_\_ Patient since: \_\_\_\_\_ (mm/yy)

## 2. Diabetes **N/A** If no, please skip to next section.

Do you have diabetes? Yes No **\*If yes please sign PHI**

Which Type? Type I - Insulin-Dependent (insulin injections only) **NE \*Must do our Modified Program**  
Type II - Non-insulin-dependent (diabetic pills only)  
Type II - Insulin-dependent (diabetes pills & insulin) **\*Please watch your insulin intake & check BS carefully**

Is your blood sugar level monitored? Yes No If so, how often? \_\_\_\_\_ By whom? Myself Physician

Do you tend to be hypoglycemic? Yes No

**Note: If you are currently on Steglatro, Invokana, Jardiance, Farxiga (SGLT-2), do not start the weight loss method. PS**

## 3. Kidney Function **N/A** Have you had any of the following conditions:

Kidney Disease (severe **PS**)      Kidney Transplant **PS**      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:

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#### 4. Cardiovascular Function

N/A

Have you had any of the following conditions:

- Arrhythmia **PS**                       Hyperkalemia (High potassium) **PS**                       Blood Clot **PS w/in 6 months**  
 Hypokalemia (Low potassium) **PS**                       History of Congestive Heart Failure **PS**                       Coronary Artery Disease **PS**  
 Current Congestive Heart Failure **NE**                       Heart Attack **PS/NE w/in 6 months**                       Hyperlipidemia (High cholesterol/triglycerides)  
 Pulmonary Embolism **PS w/in 6 months**                       Taking coumadin **\*watch veggies \*sign PHI**                       Pace Maker **\*No body comp**  
 Heart Valve Problem/Replacement **PS**                       Stroke or Transient Ischemic Attack **PS**                       Congestive Heart Failure **PS**  
 **Hypertension (High blood pressure) Taking medication? Yes No \*If yes sign PHI**

Have you ever had any type of cardiac/heart surgery?    Yes    No If yes, which type? \_\_\_\_\_

Other conditions: \_\_\_\_\_

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

#### 5. Liver Function

N/A

Have you ever had any liver conditions?                      Yes    No    Date: \_\_\_\_\_    Severe Liver Disease **PS**

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, are you currently experiencing a flair up: \_\_\_\_\_

#### 7. Digestive Function

N/A

Do you have any of the following conditions:

Acid Reflux                      Gluten intolerance                      Celiac Disease                      Heartburn                      Gastric Ulcer

History of Bariatric Surgery **PS w/in 12 months** If so, what type of Bariatric Surgery? \_\_\_\_\_ Date: \_\_\_\_\_

#### 8. Ovarian/Breast Function

N/A

Do you currently have any of the following conditions:

Amenorrhea                      Irregular Periods                      Fibrocystic Breasts                      Menopause  
Heavy Periods                      Painful periods                      Hysterectomy                      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  
*\*If yes must do Shift Mamas Program*

#### 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: \_\_\_\_\_

### 10. Neurological/Emotional Function      N/A

Do you have any of the following conditions:

Alzheimer's disease NE     
 Depression     
 Anxiety     
 Epilepsy     
 Bipolar Disorder  
 Parkinson's disease NE     
 Schizophrenia     
 Anorexia (History of)     
 Bulimia (History of)  
 Are you on Lithium Therapy? NE   
 Yes   
 No     
 Other issues: \_\_\_\_\_

### 11. Inflammatory Conditions      N/A

Do you have any of the following conditions:

Multiple Sclerosis     
 Fibromyalgia     
 Osteoarthritis     
 Lupus  
 Psoriasis     
 Migraines     
 Rheumatoid     
 Chronic Fatigue Syndrome  
 Other autoimmune or inflammatory condition: \_\_\_\_\_

### 12. Cancer      N/A

Do you have cancer? PS    Yes    No    If so, what type and where is it located? \_\_\_\_\_  
 Have you ever had cancer?    Yes    No    If so, what type and where is it located? \_\_\_\_\_  
 Is your cancer in remission\*?    Yes    No    If so, how long have you been in remission? \_\_\_\_\_(mm/yy)  
 \* PS if not in remission for 5 years or more

### 13. General      N/A

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

### 14. Allergies      N/A

Do you have any food allergies or sensitivities?    Yes    No  
 If so, Please specify: \_\_\_\_\_

### 15. Medications & Supplements. Please list all prescriptions medications and supplements you are currently taking.

Name of medication	Milligrams* per capsule	Number of capsules per day	Number of doses per day	Prescribing doctor	Reason for taking this medication
*Or grams, mEq or dosage unit your doctor prescribes.					

# Medical Disclaimer and Waiver

I, \_\_\_\_\_, understand, acknowledge, and affirm the following:

ShiftSetGo LLC(SSG), and its subsidiaries are not a medical facility, and it, its consultants and staff cannot, have not, and will not give medical advice, diagnosis, or treatment, whatsoever. Nothing discussed, nor any information or products provided to me at SSGW, LLC. in any way constitutes medical advice or diagnosis.

Any reports, information, documentation, or advice generated or provided to me by SSG. is for my education or knowledge and does not constitute or substitute for physician or health care professional consultation, evaluation, or treatment.

I, \_\_\_\_\_ (initials), acknowledge that it is my responsibility to consult with my physician prior to beginning the SSG. program or any weight loss program. I declare that I have been advised by SSG. to seek the advice of my physician regarding any health questions I may have.

I, \_\_\_\_\_ (initials), recognize that SSG. is a weight loss program and any information provided by SSG. is for my knowledge only and does not substitute for professional medical advice.

I, \_\_\_\_\_ (initials), declare that I have not, and will not rely on any information provided to me by SSG, its consultants, staff or representatives as an alternative to medical advice from my doctor or professional health care provider.

I confirm that the information that I have provided to my coach and that is recorded by me on this 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 listed on page 1** and that I am not taking any **medications not specifically stated on this form**. Furthermore, I understand that I should not be undertaking or otherwise following the program if I have any of the said conditions in part 1 of page 1 unless i) I specifically consult with a medical doctor concerning my suitability to go on the program, ii) remain under the supervision of said medical doctor while I am on the program, and iii) provide documentation confirming the foregoing.

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 following the Program.

By signing this Disclaimer and Waiver I, \_\_\_\_\_ (print name), do hereby release, remise, acquit and forever discharge SSG, all of SSG, respective past, present and former parents, subsidiaries, employees, agents, representatives, consultants, attorneys, fiduciaries, servants, officers, directors, general partners, limited partners, members, participants, predecessors, affiliates, corporate divisions, successors, and assigns of, from, and against any and all causes of action, claims demands, damages, costs, losses, injuries, and suits of any kind or nature, known or unknown, existing, claimed to exist or which can be hereinafter ever arise out of result from or in connection with any act, omission, failure to act, breach of conduct suffered to be done or omitted to be done arising directly or indirectly from my participation in the ShiftSetGo LLC weight loss program.

CLIENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

# CLIENT AGREEMENT

THIS AGREEMENT is made as of the date indicated below between ShiftSetGo LLC ("SSG") and the undersigned ("Client") (collectively as the "Parties"). The Parties agree to the following:

1. **Confidentiality.** The Parties agree that neither party shall authorize the other to disclose to any third party any confidential information without prior written consent, except as may be necessary to establish or assert rights hereunder, as required by the laws of the applicable jurisdiction or by court order. Confidential Information includes any personal health information disclosed by Client. Confidential information is not limited to a specific medium and can be oral, written or physical in format. The confidentiality obligations set forth in this Agreement shall survive 10 years after termination or expiration of the Agreement.
2. **Intellectual Property - SSG Materials.** All original materials provided by SSG to Client are owned by SSG. Any original materials are provided for Client's individual use only. Client is not authorized to use or transfer any of SSG's intellectual property. All intellectual property remains the property of SSG. No license to sell or distribute is granted or implied.
3. **Limitation of Liability.** CLIENT AGREES THAT IT HAS USED SSG'S SERVICES AT ITS OWN RISK. CLIENT RELEASES SSG FROM ANY AND ALL CLAIMS OF DAMAGES THAT MAY RESULT FROM ANY CLAIMS ARISING FROM THIS AGREEMENT, ALL ACTIONS, CAUSES OF ACTION, CONTRACT CLAIMS, SUITS, COSTS, DEMANDS, AND DAMAGES OF WHATEVER NATURE OR KIND IN LAW OR IN EQUITY ARISING FROM THIS AGREEMENT.
4. **No Warranty.** All information is provided "as is" with no warranties.
5. **Choice of Law and Jurisdiction.** This Agreement shall be governed by the laws of the State of Washington without regard to its conflict of laws doctrine, and applicable federal laws of the United States of America.
6. **Assignment.** This Agreement shall not be transferred or assigned to any third party, in whole or in part, by Client without the express written consent of SSG, which may be withheld in SSG's sole discretion.
7. **Miscellaneous.**
  - a) If any of the provisions of this Agreement is or becomes illegal, unenforceable, or invalid (in whole or in part for any reason), the remainder of this Agreement shall remain in full force and effect without being impaired or invalidated in any way.
  - b) Any rights or obligations contained herein that by their nature should survive termination of the Agreement shall survive, including, but not limited to representations, warranties, intellectual property rights, indemnity obligations, and confidentiality obligations.
  - c) Any failure of either party to enforce any provision of this Agreement, or any right or remedy provided for therein, shall not be construed as a waiver, estoppel with respect to, or limitation of that party's right to subsequently enforce and compel strict compliance or assertion of a remedy.
  - d) This Agreement, along with all attachments, represents a single agreement, as well as the entire agreement with respect to the subject matter. This Agreement supersedes any prior agreement between the parties, whether written or oral, with respect to the subject matter, and may be modified or amended only by a writing signed by the party to be charged.

**IN WITNESS WHEREOF**, the Parties hereto have duly executed this Agreement as of the day and year written below.

CLIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_