

# THE I DIET™ & INSTINCT DIET™ PROGRAMS



Your Name:	
Address:	
Best phone to reach you:	
Best email to reach you:	
Occupation:	

**Return application to one of the following:**

- [Apply@InstinctDiet.com](mailto:Apply@InstinctDiet.com)
- The I Diet, P.O. Box 334, Weston MA 02493

## Weight and Diet History

Your Age:	Height:	Weight today:	Weight 1 year ago:	Weight age 21:
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	Yes	No
Have you dieted before? If so list names of diets and pounds lost:		
Have you seen The I Diet menus and are you ready to follow them for 12 weeks? <i>(To see the menus please check out The Instinct Diet or The "I" Diet in your local library or bookstore.)</i>		
Are your family fully supportive of you losing weight?		
In the past week, how many meals per week have you eaten out or had takeouts?		
How much weight you hope to lose weight at this time?		
Please explain why you want to lose weight now:		

## Health History (current issues and within previous 2 years)

	Yes	No
Heart attack/other heart condition. If yes, describe:		
Cancer. If yes, describe:		
Diabetes. If yes, describe:		
Thyroid. If yes, describe:		
Stomach or digestive disorders. If yes, describe:		
Eating Disorder. Please note individuals with eating disorders should not register for this program.		
Depression. If yes, describe:		
Other psychiatric or neurologic disease. If yes, describe:		
Any other disease not mentioned above. If yes, describe:		
Hospitalization/surgery. If yes, describe:		
Medications. If yes, describe:		
Do you feel short of sleep more than occasionally? Please give typical hours/night sleep:		

## Meeting Times and Location

The I Diet and Instinct Diet Programs have regularly scheduled 1-hour meetings that run 12 consecutive weeks. Please rank (1=5, 2= next best etc) all times that you could generally make, being as flexible as possible within what is realistic. Write "no" against times that will not work. I Diet staff will contact you about upcoming groups in your area.

Saturdays 9 or 10.30 am	Sundays 9 or 10.30 am	Weekday evenings 6 or 7.30 pm
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*I declare the above information to be correct.*

Applicant Signature:

Date: