



Patient Information Form

Patient _____

Date _____

B12 Lipotropic _____ **B12 Myoden** _____

What Are You Needing B12 for: (Check All That Apply)	YES	NO
• Increased Energy		
• Increase Metabolism		
• Lose Weight		
• Decrease Cholesterol		

Weight Management

Need to Lose Weight Yes ___ No ___	How Many Pounds Do You Want to Lose _____
Caused by Medical Issue? Yes ___ No ___	Any Medical Issues: _____
Any Past Weight Loss Programs:	Why Didn't They Work:

What Requirements Do Want In a Weight Loss Program	YES	NO
• Lose 3-5 Pounds Per Week		
• No Hunger During Weight Loss Program		
• Medically Supervised		
• No or Minimal Exercise		
• Eat Real Food		
• Maintain or Increase Energy Level		
• Lose Fat – Not Muscle		
• Maintenance Program to Help Keep Weight Off		

Skin Care

Current Problem or Concern	YES	No
• Age Spots or Premature Aging		
• Fine Lines or Wrinkles or Dry Skin		
• Uneven Pigmentation or Dull Skin Tone		
• Expression Lines and Lip Lines		
• Blemish Prone, Oily or Combination Skin		
• Enlarged or Congested Pores		
• Hanging or Loose Skin Under Arms (Wings)		