

Physician's Choice, Inc.
Robert C. Shuman, M.D. – Medical Director
754 Cherokee St. Suite B Marietta, GA 30060
Phone: 770-427-1454 Email: drshuman@aol.com www.doyouhateyourweight.com

CONFIDENTIAL PATIENT INFORMATION

Name: _____ Date: ____/____/____
Last First

Age: _____ Date of Birth: ____/____/____ Social Security No: ____-____-____

Address: _____
Street

City State Zip Code

Home Phone: ____-____-____ Cell Phone: ____-____-____

Daytime Phone: ____-____-____

Email: _____

Employer: _____

Work Phone: ____-____-____

Spouse: _____

Emergency Contact: _____
Name Telephone

Text Message reminders for office visits? ___N ___Y Cell _____

_____ Please do not send mail or contact me at home.

_____ Please do not send mail or contact me at home – send mail to:

Payment is due at the time of service
We Accept Cash, Check, Visa, MasterCard, Discover, American Express & Care Credit

Everyday holds the possibility of a miracle.

Physician's Choice, Inc. – Robert C. Shuman, M.D.

CONFIDENTIAL MEDICAL HISTORY

Name (last) _____ (first) _____ Date ____/____/____

Date of Birth ____/____/____ Age _____ Single____ Married____ Widowed____ Divorced____

Occupation: _____

How did you hear about Physicians Choice ? _____

Current Medical Problems: _____

Medication that you are currently taking- Medication and Dosage	Purpose	Prescribing Doctor
_____	_____	_____
_____	_____	_____
_____	_____	_____

Nutritional Supplements - _____

Primary Care Physician - _____ GYN - _____

Please place S if you or F if your immediate family has or have had any of the following diseases or medical problems:

- | | |
|---|---------------------------------------|
| _____ Heart Disease / Stroke | _____ Diabetes |
| _____ Heart Murmur | _____ Kidney or Bladder |
| _____ High Blood Pressure | _____ Thyroid |
| _____ Elevated Cholesterol | _____ Chronic or Migraine Headaches |
| _____ Chest Pain | _____ Neurological / Seizure |
| _____ Anemia or Blood Related Diseases | _____ Asthma or Lung |
| _____ Cancer | _____ Sinus or Allergies |
| _____ Frequent Constipation or Diarrhea | _____ Shortness of Breath |
| _____ Heartburn or Indigestion | _____ Eye |
| _____ Other Stomach or Colon Illness | _____ Hearing |
| _____ Gall Bladder or Liver Disease | _____ Skin |
| _____ Arthritis or Joint | _____ Gout |
| _____ GYN (Surgery, HRT or BCP) | _____ Chronic Fatigue or Fibromyalgia |
| _____ Prostate | _____ Addiction |
| _____ Frequent or Long Term Use of Steroids | _____ Alcohol – Amount _____ |
| _____ Depression / Psychological | _____ Marijuana |

_____ Smoking / Tobacco - Amount ? _____ Would You Like to STOP Smoking _____

Other Illnesses or Medical Problems: _____

Surgery and Dates - _____

Drug Allergies - _____

Food Allergies - _____

Family: Mother- Age _____ Living _____ Deceased _____

Father- Age _____ Living _____ Deceased _____

Siblings ? _____

Women: Menstrual Cycle – Regular ? _____ Problems ? _____

Children ? _____

Birth Control ? _____

Breast Exam / Mammogram ? _____ Regular GYN Check-up ? _____

The following information pertains specifically to your “weight history”. Please be as accurate as possible so that we can plan your personal weight management program. You may use the back of form if needed.

Current Weight: _____ What do you consider your “ideal weight” ? _____

List family members who are 20 # or more over weight. (Parents, children, siblings, husband) _____

Have you ever been advised that your weight gain is a contributing factor to a health problem ? _____

Explain: _____

Describe what factor(s) you feel contributed to your weight gain. (Pregnancy, illness, habits, stress etc.)

Previous diets or weight loss programs _____

Have you ever taken medication or herbal products for appetite or weight control ? _____

What and When ? _____ Prescribed by _____

Favorite Foods: _____

Foods you dislike _____

Do you have food cravings ? _____ **What and When ?** _____

Do you frequently skip meals ? _____

Have you ever fasted ? _____ **For how long ?** _____

Have you ever binged ? _____ **Purged ?** _____ **Both** _____

Do you exercise regularly ? _____

Type of exercise _____

Do you have any physical limitations on your ability to exercise ? _____

If you do not exercise regularly, why ? _____

What do you feel is the biggest obstacle that you need to overcome to lose weight ? _____

Why do you want to lose weight ? _____

Questions, comments or additional information: _____

Signature _____

Date ____/____/____

Medical History Reviewed by _____ **Date** ____/____/____

Physician's Choice, Inc. Payment Policy
for Medical Weight Management

The following charges are the basic charges for weight loss services. This list does not include charges for special order medication, supplements, classes or medical procedures.

Initial Office Visit / Consultation

No Charge

When you schedule your appointment for your physical exam to begin our program a \$50.00 deposit is required to reserve this appointment time with Dr. Shuman.

1st Month – Fast Start Plan

\$290.00

Includes: Lab work, EKG, Physical Exam and Nutritional Consultation with Dr. Shuman;
Series of 8 Lipo-Injections; Follow-up Visit – 2 weeks after starting program.
(Follow-up visit must be used within first 2 mo of purchase., Lipo-Injections must be used within 6 mo.)

Follow-up Office / Coaching Visits

\$30.00

Visits for counseling and education with RN / Wellness Educators. Visits recommended every 2 weeks.
All refills for appetite suppressants require a follow-up visit - NO exceptions

Appetite Suppressants (Average cost / 2 week dosage)

\$20.00

Lipo-Injection Series (8 Injections)

\$125.00

(Lipo-Injections must be used within 6 months of purchase)

Prices for office visits, treatments and supplies are subject to change without notice.

PAYMENT IS DUE AT THE TIME OF SERVICE.

Our payment policy allows us to keep our prices as low as possible because we do not staff for billing and collections. Our staff is available exclusively to provide you the best value for your investment in your health. All payments for services (office visits, injections series, medications or medical procedures) are final. No refunds will be given, no exceptions.

Physician's Choice, Inc. / Dr. Shuman does not participate in Medicare or Medicaid. If you have Medicare or Medicaid, you must sign a waiver acknowledging that these services will not be covered by Medicare or Medicaid, nor will they be covered by a Medigap or co-insurance policy, and agreeing to pay the fees charged by Physician's Choice, Inc.

Insurance is not accepted. We do not participate in any insurance plans and will not accept payment from your insurance company. If your insurance plan pays for weight loss care (most plans do NOT), you may file for reimbursement from your company. We will give you the form with the correct codes to file. Unfortunately, our staff will not be able to contact your insurance company for the purpose of "problem solving". If your company requires treatment records, you may provide us with a self-addressed, stamped envelope and we will mail a copy of these records to you.

We accept Flexible spending and Medical Savings account charge cards (Visa / MasterCard).

I understand the fees and payment policies of Physician's Choice, Inc., and I agree to be bound by these policies.

I also understand that in the event I have any unpaid account balance that is forwarded to a collection agency for collection, I am responsible for all collection costs, including but not limited to, collection agency costs, attorney's fees and filing costs.

Name _____ Date ____/____/____

Physician's Choice, Inc. – Robert C. Shuman, M.D. – Medical Director

**A Physician's Choice Exclusive-
NEW!! LIPO-INJECTION FORMULA !!**

**Burn More Fat Pounds With Lipotropic Nutrients, Increase Energy
&
Feel Great While Losing Weight !**

- ❖ Enhance the loss of FAT POUNDS & INCHES !
- ❖ Safely Increase Energy and Stamina
- ❖ Enhance the metabolism of fats & carbs
- ❖ Counteract Stress
- ❖ Promote healthy liver function
- ❖ Reduce late afternoon fatigue
- ❖ Increase alertness and concentration
- ❖ Promote restful, normal sleep patterns
- ❖ Great for weight loss and maintenance

New Lipo-Injection Formula contains:

Lipotropic Nutrients: A lipotropic substance decreases the deposit, or speeds up the removal of fat. **Choline** supports the health of the liver in its processing and excretion of chemical waste products within the body. Moreover, it is required for the transport and metabolism of fats and cholesterol within the body, which is important for the healthy support of the endocrine, cardiovascular and hepatic systems. **Methione** acts as a lipotropic agent to prevent excess fat buildup in the liver and the body, is helpful in relieving or preventing fatigue and may be useful in some cases of allergy because it reduces histamine release. **Inositol** is a nutrient belonging to the B vitamin complex. It aids in the metabolism of fats and helps reduce blood cholesterol. Inositol also participates in the actions of serotonin, a neurotransmitter known to control mood and appetite.

Adenosine 5 Monophosphate (AMP-Myoden) – In order to maximize energy production at the cellular level, compounds like AMP must be present in sufficient amounts to drive the biochemical reactions. **Research has shown that supplementing with this naturally occurring enzyme appears to be beneficial for correcting low cellular (mitochondrial) energy resulting in increased energy and the synthesis and breakdown of stored fat !** AMP has been safely used for over 50 years to treat such diseases as muscle and joint pain, chronic fatigue, stress, sleep disturbances, loss of memory and now for weight control.

Vitamin B₁₂ & B-Complex – Vitamin B₁₂ is the largest and most complex of all the vitamins. Absorption of vitamin B₁₂ from food requires normal function of the stomach, pancreas and small intestine. B Vitamins are necessary for protein and fat metabolism and cardiovascular health. The brain needs **Vitamin B12** for the production of neurochemicals which control appetite and mood. These vitamins also have a mild diuretic effect and may diminish water retention.

Best results are achieved by receiving 2 injections weekly for the first 4 weeks during initial weight loss and then bi-weekly or weekly injections.

Great for Weight Maintenance !

Lipo-Injections can help you more successfully maintain weight loss and cope with day to day stress.

Lipo-Injection - \$25 each or SAVE \$\$ Lipo-Injection Series (8 injections) \$125.00

The above information has been provided by medical professionals using the products. These statements have not been evaluated by the Food & Drug Administration. In keeping with government regulations, we make no therapeutic or medical claims on our products.

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Start Now With Your Personal Weight Management Plan !

Step 1 – Fast Start to Weight Loss

FAST START PLAN – Month # 1

Start Your Personalized Plan Using Our Most Effective Treatments
Maximize Weight Loss & Save \$\$ During Your First Month

- **Comprehensive Medical Evaluation** with Dr. Shuman. The information gathered during this will time will be used to design a weight management program to meet your special needs.

Includes:

Medical Tests - Labwork (Complete Blood count, Coronary Risk / Lipid Profile, Biochemical Profile, Thyroid Screening and Urine Check), EKG, and Computerized Body / Fat Analysis. Physical Exam, Review of Medical / Weight History & Nutritional Consultation with Dr. Shuman

- **Eight Lipo-Injections (2 per week)** – Increase energy while losing more fat & inches!
- **Follow-up / Coaching Visit** – Private visit two weeks after starting your personal program.

NEW Low Price - \$290.00* (\$470.00 Value)

***Price Does Not Include Appetite Suppressants & Nutritional Products**

Step 2 – Follow-up Coaching for Support, Education & Success

Regular Follow-up / Coaching Visits Every Two Weeks with our trained medical staff monitor your progress, keep you on course and provide education, making successful weight loss and good health a reality for you !

\$30.00 / Visit

***Price Does Not Include Appetite Suppressants & Nutritional Products**

Step 3 – Continue with Lipo-Injection

Lipo-Injections for a Special Price (Fast Start Plan includes 8 Lipo-Injections)

By continuing to receive Lipo-Injection Therapy (weekly or bi-weekly) you can continue to increase stamina and energy, contract stress and promote the loss of more fat pounds and inches !

Injections - \$25 ea Cost Saver Series Price (8 Injections) - \$125.00 (\$200.00 value)

The use of appetite suppressants requires a Complete Medical Evaluation and Physician approval.

Payment is Expected at Time of Service

Prices subject to change without notice. All payments are final – No Refunds.

We are grateful for the opportunity to serve you !

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