

FirstLineTherapy™

Conditions for which the FirstLine Therapy™ Therapeutic Lifestyle Program is recommended:

NAME _____

DATE _____

Therapeutic Lifestyle Program

I am recommending the FirstLine Therapy™ Therapeutic Lifestyle Program for you because it is effective in managing some of the health conditions you have, which are checked in the list to the right. The FirstLine Therapy Program is available at this office. Please see the back for more information and follow any other instructions noted below.

- | | |
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| <ul style="list-style-type: none"> <input type="checkbox"/> Arthritis <input type="checkbox"/> Alzheimer's Disease <input type="checkbox"/> CVD <input type="checkbox"/> Other CHD Risk Factors <ul style="list-style-type: none"> <input type="checkbox"/> Abdominal obesity <input type="checkbox"/> Atherogenic diet <input type="checkbox"/> Cigarette smoking <input type="checkbox"/> Elevated CRP <input type="checkbox"/> Elevated Homocysteine <input type="checkbox"/> Family history of CHD <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Physical inactivity <input type="checkbox"/> Waist-to-hip ratio >1 <input type="checkbox"/> Diabetes – Type II <input type="checkbox"/> Fatigue <input type="checkbox"/> High Stress Lifestyle <input type="checkbox"/> Hormone imbalance | <ul style="list-style-type: none"> <input type="checkbox"/> Hyperlipidemia <ul style="list-style-type: none"> <input type="checkbox"/> Elevated LDL <input type="checkbox"/> Elevated Total Cholesterol <input type="checkbox"/> Elevated Triglycerides <input type="checkbox"/> Low HDL <input type="checkbox"/> Insulin resistance – pre diabetic <input type="checkbox"/> Interest in healthy aging <input type="checkbox"/> Metabolic Syndrome <input type="checkbox"/> Osteoporosis/Osteopenia <input type="checkbox"/> Overweight <input type="checkbox"/> Pain <input type="checkbox"/> Physical Inactivity <input type="checkbox"/> Sarcopenia/Sarcopenic obesity <input type="checkbox"/> Other |
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