

## *Preparing for Your Appointment*

Dear Patient:

*Welcome!*

We look forward to helping you with our specialized, therapeutic lifestyle program called FirstLine Therapy (FLT). It is very different from today's common medical approach. The FLT program works to more clearly identify and overcome the cause of ill health, and then improve total body function naturally by nourishing, balancing and revitalizing the whole individual. It is powerful, effective, and rewards you with improved health and function that is long lasting!

### *Get Maximum Benefit From Your Appointment*

Our consultation time with you is important! We analyze your personal and family health history, appropriate test results, current lifestyle and state of health, and clarify your health goals. We then guide you through a comprehensive, highly personalized, step-by-step program to achieve those goals. You can **get maximum benefit from the time reserved for your consultation by being prepared!**

### *How To Prepare*

1. Please fill out any requested paperwork before coming to our office, or arrive 20 minutes early and fill it out here.
2. Prepare for your Bioimpedance Analysis (BIA Test) by adhering to the following guidelines:
  - a. Do not eat for 4 hours prior to testing.
  - b. Do not exercise for 12 hours prior to testing.
  - c. Do not consume alcohol for 24 hours prior to testing.
  - d. Drink at least 1 quart of water one hour before your test (you may void as needed).
  - e. Do not drink caffeine the day of your test.
  - f. Insure access to your right foot with removable footwear (no pantyhose).
  - g. Do not apply creams or body lotions.
  - h. Menses: The best time to test is around day 7-10 of cycle (day 1 is first day of flow)
3. Please value the time reserved for you by being punctual so as to benefit fully from your consultation.

**IMPORTANT:** Due to the popularity of the FirstLine Therapy program all appointment times are often filled several weeks in advance with no openings for those desiring earlier appointments. Cancellation made at least 24 hours in advance allows us to accommodate others. We thank you in advance for your cooperation.

### *Appointment Reminder*

Your appointment is scheduled for:

Date \_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_ AM / PM

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank You! We look forward to helping you successfully achieve your personal health goals!

*Comprehensive Center for Women's Medicine*

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