

## PROTOCOL ASSESSMENT AND REGISTRATION FORM

[PLEASE COMPLETE IN BLOCK LETTERS AND BLACK INK]

Date: \_\_\_\_\_

Where did you hear about us? \_\_\_\_\_

(Please give us a name because we like to say Thank You 😊)

### Your Contact Details

Full Name: \_\_\_\_\_

Courier delivery Address: \_\_\_\_\_

Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

[Please ensure you provide an address where you can receive deliveries]

Email: \_\_\_\_\_

Best time to contact you: \_\_\_\_\_

Occupation: \_\_\_\_\_

### Physical Statistics

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Shoe Size: \_\_\_\_\_ Current weight: \_\_\_\_\_

Height (if known): \_\_\_\_\_ Desired weight: \_\_\_\_\_

### Length of Day

What time do you normally get up in the morning? \_\_\_\_\_ What time do you normally go to bed at night? \_\_\_\_\_

### Medical Overview – Please select the appropriate answer

Do you have a family history of heart disease, stroke or cancer? YES / NO

If you do, please provide details: (what, relationship, age, outcome)

Do you have type 2 diabetes? YES / NO

If you answered 'yes', please provide details: (when, treatment, result)

Do you presently have, or have you ever had gallstones? YES / NO

If you answered 'yes', please provide details: (when, treatment, result)

Do you have a history of either high or low blood pressure? YES / NO

If you answered 'yes', please provide details: (when, treatment, result)

If you have you been diagnosed with high cholesterol please provide the following details:

LDL: \_\_\_\_\_ HDL: \_\_\_\_\_ TOTAL: \_\_\_\_\_

Do you presently have, or have you ever had, thrombosis? YES / NO

If you answered 'yes', please provide details: (when, treatment, result)

Have you ever had a problem with abnormal hair loss? YES / NO

If you answered 'yes', please provide details: (when, treatment, result)

Do you have a family history of premature baldness or hair thinning? YES / NO

Do you presently have, or have you ever had gout? YES / NO

If you answered 'yes', please provide details: (when, severity, treatment, last 'attack')

Do you have a peptic or duodenal ulcer? YES / NO

If you do, please provide details (type, severity, treatment)

Do you or have you ever had thyroid replacement therapy? YES / NO

If you answered 'yes', please provide detail (when, treatment, reason, duration)

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Do you suffer with any of the following:

- Rheumatic pains
- Headaches
- Breathlessness after normal exertion
- Constipation
- Swollen ankles

YES / NO  
YES / NO  
YES / NO  
YES / NO  
YES / NO

Do you or have you ever had any dental problems as an adult?  
If you answered 'yes', please provide details (what and when)

YES / NO

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Do you regularly take any over the counter (OTC) medications?  
If you do, please state which, why and frequency for each

YES / NO

Do you take any herbal/vitamin/mineral supplements?

YES / NO

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1. Please list any illnesses that you have had in the past 5 years

2. How would you describe the current state of your health?

3. Have you burned yourself in the last 3 months?  
(steam/water/electrical appliance/stove/fire)

No ☐ Yes ☐

4. Do you have water retention in the legs or suffer with 'heavy legs'?

No ☐ Yes ☐

5. Do you bruise easily on the hips, legs or buttocks?

No ☐ Yes ☐

6. Do you bruise easily in general?

No ☐ Yes ☐

7. Are legs, buttocks or hips painful to the touch?

No ☐ Yes ☐

8. Are you bulimic, whether diagnosed or not?

No ☐ Yes ☐

9. Do you have any other eating or digestive disorder that has not already been mentioned?  
If yes, please provide details:

No ☐ Yes ☐

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10. How often have you taken antibiotics in the past 12 months?

11. Since being overweight, were you ever in a position where you were not getting sufficient nutrition?

No ☐ Yes ☐

(A period where you were not able to eat a nutritional diet for any reason, for a period exceeding 3 months and where you were not able to supplement accordingly?)

12. Is there anything else related to your health and medical history that we should know about?

## Diet and Weight History

1. Are you a regular dieter? No ☐ Yes ☐
2. How long have you maintained your current weight with no more than a 2kg fluctuation? \_\_\_\_\_
3. What was your prior weight, (more than 5kg difference from your current weight)? \_\_\_\_\_
4. How many times have you previously stuck at the same weight for 1 year or longer? \_\_\_\_\_
5. How long did you maintain your prior weight with no more than a 2kg fluctuation? \_\_\_\_\_
6. How long ago were you on your last weight loss programme? \_\_\_\_\_
7. How long were you on it? \_\_\_\_\_
8. What programme were you on? \_\_\_\_\_
9. Did you regain the weight, exceed it or maintain it? \_\_\_\_\_
10. How long before that were you on a weight loss programme? \_\_\_\_\_
11. Why do you want to lose weight? \_\_\_\_\_
12. Why are you interested in the Terrene Life™ programme as opposed to other diets and methods of weight loss? \_\_\_\_\_

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13. Have you ever been for Swedish massage, lymph drainage massage or any other 'hard' massage, whether mechanical, electrical or manual? No ☐ Yes ☐
14. When last did you have one? \_\_\_\_\_
15. How often did/do you go? \_\_\_\_\_
16. Did this ever result in bruising? \_\_\_\_\_
17. If yes, on what part of the body? \_\_\_\_\_
18. Do you attend Gym or follow any strict exercise regimen? No ☐ Yes ☐
19. Have you ever taken diuretics? No ☐ Yes ☐
20. If you have, for how long? \_\_\_\_\_
21. If you have taken diuretics, how long ago? \_\_\_\_\_
22. When did you first begin to suffer with being overweight? \_\_\_\_\_
23. What is the most you have ever weighed? (pregnancies excluded) \_\_\_\_\_
24. How long ago was this? \_\_\_\_\_
25. How long did you maintain this weight? \_\_\_\_\_
26. Please provide any additional information relating to your weight and weight management history that you think we should know: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Please answer the following as honestly as possible. This will help us to roughly predict what you will experience on the protocol and allow us to better guide you. In each question, tick as many options as apply to you.

Which statement/s most accurately describes your current situation related to your weight?	I lose weight fairly easily	
	I lose weight easily, but regain just as easily	
	I battle to lose weight	
	It is impossible for me to lose weight	
	I lose weight fairly easily, but never in my 'problem areas'	
	I just have a few kg to lose but simply cannot shift them	
	I have so much to lose I get depressed at the mere thought of it	
Which statement/s best describe your normal practice for managing your weight on a day-to-day basis?	I watch everything I eat	
	I avoid all fats	
	I avoid all starches	
	I purge* (Please see explanation below)	
	I follow serious exercise/massage/other regimens	
	I gave up trying to manage my weight on a day-to-day basis ☹	
Which statements best describes your relationship with food?	I am an emotional eater	
	I am a compulsive eater	
	I occasionally binge	
	I often binge – when I start I just can't stop	
	I tend to eat small amounts throughout the day	
	I have set, relatively large meals at specific meal times	
	I am a fairly normal eater	
	I go out of my way to eat in a healthy and balanced way	
	I love my food!	
	I see food as a necessary evil	
Which statement best describes your normal eating style?	I generally eat most foods	
	I am primarily a meat eater	
	I am vegetarian	
	I am vegan	
Which statement best describes what you are like with special diets and eating plans?	I battle to stick to diets and eating plans	
	I generally stick to diets, but do cheat occasionally	
	I find special eating plans hard, but can stick to them	
	I have great will power and discipline and stick to diets and eating plans	
Which statement best describes your activity level?	I am very active and get loads of exercise (natural or gym)	
	I am fairly active, with a fair amount of exercise (natural or gym)	
	I am fairly inactive	
	I lead a sedentary lifestyle	
	Active? What is that?	
What is your weakness?	Fizzy cold drinks	
	Sweet tooth: Tarts / cakes / sweets / chocolates	
	Pastries and savouries, including breads / rolls / muffins etc.	
	Fast foods / junk foods / savoury snacks (eg. Crisps)	
	Starches like potatoes, rice and pasta	
	Fatty foods and fried foods	
Which statement/s best describes your attitude towards your body?	I generally love my body, but hate certain bits	
	It is a source of constant stress and/or distress	
	It feels like I'm wearing someone else's body	
	I'm fine with my body – other people have more of a problem with it than I	
	I think I'm ok, but my doctor/spouse etc. said I must lose weight	
	I kind of like it until I see myself in the mirror	
	I love my body. All of it. But I know I need to lose some weight	
Is there anything else about you that we have not asked, but which you feel we should know about you in order to best assist you?		

\*Purging refers to forcing oneself to throw up or taking laxatives after eating

## Women Only

- |  |       |                          |     |                          |
|--|-------|--------------------------|-----|--------------------------|
| 1. Do you have any ovarian ulcers/cysts?   | No    | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| 2. Are you currently pregnant?   | No    | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| 3. Are you currently breastfeeding?  | No    | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| 4. Do you have regular menses?   | No    | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| 5. How long do your menses last?   | <hr/> |                          |     |                          |
| 6. When is your next menstruation due to start?                                    | <hr/> |                          |     |                          |
| 7. Do you suffer with any other menstrual disorders?<br>If you do, please explain: | No    | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
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- |   |       |                          |     |                          |
|---|-------|--------------------------|-----|--------------------------|
| 8. Are you currently menopausal?                | No    | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| If yes, how long ago did your menopause start?  | <hr/> |                          |     |                          |
| 9. Have you completed menopause?                | No    | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| Roughly how long ago?                           | <hr/> |                          |     |                          |
| 10. Are you on any hormone replacement therapy? | No    | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| If yes, please state what                       | <hr/> |                          |     |                          |
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- |  |       |                          |     |                          |
|--|-------|--------------------------|-----|--------------------------|
| 11. How many times have you been pregnant?   | <hr/> |                          |     |                          |
| Is there anything else related to your hormonal/menstrual history that we should know? – Please elaborate. | No    | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
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Please indicate your preferred payment method, should you decide to do the Terrene Life™ weight loss course:

☐ R4970 payable by credit card, via Payfast.

Payment details will be sent to you. Your kit will be couriered once full payment is received. Please ensure that the address you have provided is one where someone is present all day in order to sign for your package. However, if you are outside South Africa, this fee may be higher, based on postage costs. Your kit will be sent via normal mail, not courier.

☐ R4970 payable via EFT.

Banking details will be sent to you. Your kit will be couriered once full payment is received. Please ensure that the address you have provided is one where someone is present all day in order to sign for your package. However, if you are outside South Africa, this fee may be higher, based on postage costs. Your kit will be sent via normal mail, not courier.

☐ R4970 payable by credit card, cash or EFT at the physical premises of Terrene Life™ Weightloss and Wellness (Pty) Ltd. In Durban.

We are also offering a payment facility through a third party, Mobicred, which will allow you to pay off your programme, subject to their terms. Please see our website for more details and their application process via our payment page.

If you have a discount coupon, please enter the code: \_\_\_\_\_

Please carefully read and then sign the agreement overleaf before returning this entire document to Terrene Life™ for your personal assessment. Please ask if anything in the terms and conditions are not clear.

Signing of this document does **not**, on its own, constitute formal agreement and you are therefore under no obligation whatsoever until such time as clause 6(n) below is affected.

## Terms and Conditions

In signing this document I state that:

1. I agree that the terms, 'Terrene' and 'Terrene Life' both refer to and mean the same as Terrene Life™ (Pty) Ltd. Weightloss and Wellness.
2. Should I purchase the Terrene Life RTF weight loss protocol in terms of this agreement, this purchase entitles me to 6 weeks on Phase 2 of the protocol, plus, at the discretion of Terrene Life and subject to my compliance with all terms and conditions, an additional 2 bonus weeks on Phase 2. Any additional weeks on Phase 2 will be extensions that are purchased at an additional cost to myself.
3. All information provided by me is accurate and complete and that no information has been omitted which relates or could relate in any way to my weight, history or health and/or which could in any way potentially prejudice my health while on the RTF weight loss protocol.
4. I hereby agree to the routine basic analysis of my urine sample and other basic testing, as may be required by Terrene Life from time to time, and understand that this does not in any way infer or imply that this can or will be used as a diagnostic tool by either myself or Terrene Life, but that any such tests are utilized purely as a guideline as a part of the overall Terrene Life monitoring process.
5. While Terrene Life commits to exercise all reasonable due diligence and caution related to my health and wellbeing during the Terrene Life protocol, as this relates to the protocol, I accept that responsibility for my health at all times rests entirely with me.
6. I understand, acknowledge and accept that:
  - a. Terrene Life offers this protocol in good faith and in the belief that I have taken all reasonably required actions, including, where applicable, having consulted with my medical professional or health care provider prior to my signing of this document and commencing with the Terrene Life protocol.
  - b. Nothing in this protocol or contained in any documentation, information, guidance or advice made available by Terrene Life is intended to diagnose, treat, cure, or prevent any disease.
  - c. Individuals with a known medical condition should consult a physician before embarking on any weight loss programme and the onus to do so rests entirely with me.
  - d. I am responsible for consulting diligently with my medical professional in the event of any changes in my health, adjustments to my prescribed medications and all related regimens for the duration of the Terrene Life protocol.
  - e. Should I commence this protocol as a client of Terrene Life, I hereby undertake to follow all directions and adhere to the protocol strictly and in accordance with the guidance provided by Terrene Life, and further undertake to comply with all reporting requirements, as outlined in my Terrene Life weight loss journal, for the purpose of monitoring my progress and as a conditional prerequisite for all support and services offered by Terrene Life™ (Pty) Ltd. Weightloss and Wellness.
  - f. The success of this protocol relies largely on my own commitment and adherence to the protocol and there therefore can be no guarantee given by Terrene Life with regard to exact degree or speed of weight loss.
  - g. The weekly and daily reporting requirements have been explained to me and I fully commit to complying with those. Should I fail to comply I am severely limiting the ability of Terrene Life™ (Pty) Ltd. Weightloss and Wellness to assist and support me, which is very likely to have a negative impact on my ability to achieve maximum weight loss and other benefits, as well as my ability to maintain and manage my weight in the future.
  - h. Should I fail to comply with the reporting requirements or persistently deviate or cheat on the protocol, Terrene Life™ (Pty) Ltd. Weightloss and Wellness reserves the right to refuse further service after my initial 6 weeks on phase 2, including the right to refuse the 2 bonus weeks.
  - i. My weekly appointment will be set for a specific, pre-agreed time slot and remain the same each week. Should I fail to attend or cancel more than once, this time slot will be made available to other clients.
  - j. Any weekly appointment that I cancel or fail to attend will still count toward the calculation of my weeks on the protocol, except where this is due to a previously agreed interruption of the protocol.
  - k. My ability to maintain my weight in future is dependent upon my own management of my weight and following the Terrene Life guidelines and advice provided during consultations.
  - l. Should I at any time from Phase 1 through Phase 4 cease making use of the Terrene Life support, including but not limited to the reporting requirements, it is most likely that I will fail to achieve desired results and I accept full responsibility for such failure.
  - m. It has been fully explained to me that even the slightest cheat/deviation whilst on the protocol will most likely result in no weight loss or a weight gain, for which I accept full responsibility. I will notify Terrene Life in my daily reporting of any deviation so that every attempt can be made to assist me in minimizing the negative effects and to ensure that the monitoring of my progress accurately reflects the process followed.
  - n. The signing of this document will be taken to constitute agreement by the parties only at such time as I have paid the required protocol fee to Terrene Life, either in part or in full, or I have taken receipt of my programme kit, whichever is the earlier date.
  - o. Due to the way in which the protocol works, the full programme, up to and including Phase 4, needs to be completed in order to achieve the benefits. Should I at any time decide to not complete the full programme, the physiological processes will not have been completed and I will most likely regain any weight lost, plus possibly gain additional weight.
  - p. The undertaking of the prescribed diet in the absence of the protocol formula provided by Terrene Life™ (Pty) Ltd. Weightloss and Wellness would be detrimental to my health and I have hereby been warned against following the diet or allowing anyone else to follow the diet with my assistance or knowledge, in the absence of the Terrene Life formula provided.
  - q. Once payment has been made by me, no refund will be given should I for any reason not complete the full programme, or for any other reason whatsoever.

- r. Should I at any time stop using the support, stop attending consultations or decide to do the protocol on my own, I will be deemed to have waived all my rights to any further support, assistance or provision of materials from or by Terrene Life™ (Pty) Ltd. Weightloss and Wellness.
- s. Should I opt not to pay the full course fee upfront, I am fully liable for all remaining fees regardless of whether or not I complete the full programme and will be additionally responsible for any and all costs incurred by Terrene Life™ (Pty) Ltd. Weightloss and Wellness in relation to collection of outstanding amounts should I not pay outstanding fees by the agreed date.
- t. The address given by myself in this document is to be taken as my domicillium citandi et executandi.
- u. In the event that any legal action should arise between myself and Terrene Life™ (Pty) Ltd. Weightloss and Wellness, as a consequence of this agreement, I agree to the jurisdiction of the Durban magistrate court.
- v. For the purposes of this agreement, Terrene Life™ (Pty) Ltd. Weightloss and Wellness chooses as its' domicillium citandi et executandi 15 Conyngham Avenue, Durban North, KwaZulu Natal, South Africa.
- w. A copy of this agreement is included at the back of my Terrene Life Personal Journal for my reference. In the event of any differences or amendments that may result in a discrepancy between the terms in my Journal and the terms contained in this document, the terms contained in this document, signed by me, will take precedence.

Signed by ..... at ..... on this ..... day

of ..... 20.....

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Signature

***Please return the completed form to [slim@terrenelife.co.za](mailto:slim@terrenelife.co.za)***