

IV. Must submit 10 unique patient case studies evidencing chronic disease reversal or significant clinical improvement due to lifestyle interventions.

CATEGORY 1 CONDITIONS: Include at least one case study from each Category 1 clinical condition listed in the sections below.

Each case must:

- involve a minimum of 3 patient contacts (in-office or telemedicine visits)
- be followed for at least 6 months
- document both reversal and holding the reversal for at least 3 months
- document results for at least those health measures uniquely specified for each Category 1 condition (marked by asterisk*)

1. Diabetes Reversal Case Study

Patient Initials: Age: Sex (select): Female Primary Diagnoses: Total # of Contacts:

	Service Date	BMI	SBP	DBP	HbA1c*	LDL Cholesterol	Triglycerides	Other Testing (e.g., HOMA2-IR, cardiac function)	Smoking Status (click to select)	Relevant Medications	Dose	Comments
Start									Former smoker			
Middle									Former smoker			
End									Former smoker			
Total Change	≥6 mth? Yes <input type="checkbox"/>											

Did patient achieve reversal and hold the reversal for at least 3 months? Yes No Remission Type: Partial Complete

Other Comments:

2. Hyperlipidemia Reversal Case Study

Patient Initials: Age: Sex (select): Female Primary Diagnoses: Total # of Contacts:

	Service Date	BMI	SBP	DBP	HbA1c	LDL Cholesterol*	Triglycerides	Other Testing (e.g., HOMA2-IR, cardiac function)	Smoking Status (click to select)	Relevant Medications	Dose	Comments
Start									Former smoker			
Middle									Former smoker			
End									Former smoker			

Total Change	≥6 mth? Yes <input type="checkbox"/>											
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Did patient achieve reversal and hold the reversal for at least 3 months? Yes No

Other Comments:

3. Hypertension Reversal Case Study

Patient Initials: Age: Sex (select): Female Primary Diagnoses: Total # of Contacts:

	Service Date	BMI	SBP*	DBP*	HbA1c	LDL Cholesterol	Triglycerides	Other Testing (e.g., HOMA2-IR, cardiac function)	Smoking Status (click to select)	Relevant Medications	Dose	Comments
Start									Former smoker			
Middle									Former smoker			
End									Former smoker			
Total Change	≥6 mth? Yes <input type="checkbox"/>											

Did patient achieve reversal and hold the reversal for at least 3 months? Yes No

Other Comments:

4. Weight Loss Case Study

Patient Initials: Age: Sex (select): Female Primary Diagnoses: Total # of Contacts:

	Service Date	BMI*	SBP	DBP	HbA1c	LDL Cholesterol	Triglycerides	Other Testing (e.g., HOMA2-IR, cardiac function)	Smoking Status (click to select)	Relevant Medications	Dose	Comments
Start									Former smoker			
Middle									Former smoker			
End									Former smoker			
Total Change	≥6 mth? Yes <input type="checkbox"/>											

Did patient achieve reversal and hold the reversal for at least 3 months? Yes No

Other Comments:

CATEGORY 2 CONDITIONS: Case studies may be selected from Category 1 or Category 2 conditions.

Each case must:

- involve a minimum of 3 patient contacts (in-office or telemedicine visits)
- be followed for at least 3 months (Note: this is a reduced duration for both Category 1 and Category 2 conditions in this section)
- document results for at least the health measure used to demonstrate disease remission/reversal (marked by asterisk*)

5. Condition (select): Anxiety Improvement

Specify, if "Other Condition":

Patient Initials:

Age:

Sex (select): Female

Primary Diagnoses:

Total # of Contacts:

Instrument used to demonstrate disease remission/reversal (report results below*):

	Service Date	BMI	SBP	DBP	HbA1c	LDL Cholesterol	Triglycerides	Other Testing (e.g., HOMA2-IR, cardiac function)	Smoking Status (click to select)	Relevant Medications	Dose	Measure of remission/reversal*
Start									Former smoker			
Middle									Former smoker			
End									Former smoker			
Total Change	≥3 mth? Yes <input type="checkbox"/>											

Other Comments:

6. Condition (select): Anxiety Improvement

Specify, if "Other Condition":

Patient Initials:

Age:

Sex (select): Female

Primary Diagnoses:

Total # of Contacts:

Instrument used to demonstrate disease remission/reversal (report results below*):

	Service Date	BMI	SBP	DBP	HbA1c	LDL Cholesterol	Triglycerides	Other Testing (e.g., HOMA2-IR, cardiac function)	Smoking Status (click to select)	Relevant Medications	Dose	Measure of remission/reversal*
Start									Former smoker			
Middle									Former smoker			
End									Former smoker			

Total Change	≥3 mth? Yes <input type="checkbox"/>											
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Other Comments:

7. Condition (select): Anxiety Improvement

Specify, if "Other Condition":

Patient Initials:

Age:

Sex (select): Female

Primary Diagnoses:

Total # of Contacts:

Instrument used to demonstrate disease remission/reversal (report results below*):

	Service Date	BMI	SBP	DBP	HbA1c	LDL Cholesterol	Triglycerides	Other Testing (e.g., HOMA2-IR, cardiac function)	Smoking Status (click to select)	Relevant Medications	Dose	Measure of remission/reversal*
Start									Former smoker			
Middle									Former smoker			
End									Former smoker			
Total Change	≥3 mth? Yes <input type="checkbox"/>											

Other Comments:

8. Condition (select): Anxiety Improvement

Specify, if "Other Condition":

Patient Initials:

Age:

Sex (select): Female

Primary Diagnoses:

Total # of Contacts:

Instrument used to demonstrate disease remission/reversal (report results below*):

	Service Date	BMI	SBP	DBP	HbA1c	LDL Cholesterol	Triglycerides	Other Testing (e.g., HOMA2-IR, cardiac function)	Smoking Status (click to select)	Relevant Medications	Dose	Measure of remission/reversal*
Start									Former smoker			
Middle									Former smoker			
End									Former smoker			
Total Change	≥3 mth? Yes <input type="checkbox"/>											

Other Comments:

9. Condition (select): Anxiety Improvement

Specify, if "Other Condition":

Patient Initials: Age: Sex (select): Female Primary Diagnoses: Total # of Contacts:

Instrument used to demonstrate disease remission/reversal (report results below*):

	Service Date	BMI	SBP	DBP	HbA1c	LDL Cholesterol	Triglycerides	Other Testing (e.g., HOMA2-IR, cardiac function)	Smoking Status (click to select)	Relevant Medications	Dose	Measure of remission/reversal*
Start									Former smoker			
Middle									Former smoker			
End									Former smoker			
Total Change	≥3 mth? Yes <input type="checkbox"/>											

Other Comments:

10. Condition (select): Anxiety Improvement

Specify, if "Other Condition":

Patient Initials: Age: Sex (select): Female Primary Diagnoses: Total # of Contacts:

Instrument used to demonstrate disease remission/reversal (report results below*):

	Service Date	BMI	SBP	DBP	HbA1c	LDL Cholesterol	Triglycerides	Other Testing (e.g., HOMA2-IR, cardiac function)	Smoking Status (click to select)	Relevant Medications	Dose	Measure of remission/reversal*
Start									Former smoker			
Middle									Former smoker			
End									Former smoker			
Total Change	≥3 mth? Yes <input type="checkbox"/>											

Other Comments:

V. Must pay the non-refundable application fee of \$499.

Applicant fee submitted: Yes No



(This section to be completed by ABLM/IBLM)

VI. Must be approved by a quorum of the then current ABLM/IBLM board members.

Applicant approved: Yes

No