

Wellness Questionnaire

Date _____.

Name _____.

Address _____.

Home Phone _____ Cell Phone _____ Email _____.

Please complete this form to the best of your ability. This information is used to determine if the program is suitable for you. It is also used develop customized recommendations for you that will enhance your program.

Male Female

Birth Date _____ Age _____ Height _____ Weight _____.

Measurements (for your use only): Waist _____ Hips _____ Thighs _____.

What are your top 3 goals for doing this cleanse? _____

What steps can you take to realize these goals? _____

Please list any current health conditions, including diseases, illness and allergies.

Are you currently pregnant or trying to become pregnant? Yes No

Are you currently being treated by a physician for the above conditions? Yes No

If yes, please list the physicians and reason for treatment. _____

