

***If there was one thing you could change about your health today or prevent in the future, what would it be? \_\_\_\_\_***

All information is private & confidential

	<u>You</u>	<u>Family &amp; Friends</u>	<u>Name</u>
<b>Energy</b> and/or Healthier Alternative to Energy Drinks	Yes	Yes	
<b>Weight Loss</b>	Yes	Yes	
<b>Joint/Ligament Flexibility</b> (Carpel Tunnel, Arthritis, RA, Orthopedic, etc)	Yes	Yes	
<b>Blood Sugar Maintenance</b>	Yes	Yes	
<b>Heart Health</b> (Blood Pressure, Cholesterol Levels, Vascular, Clotting, Circulation)	Yes	Yes	
<b>Respiratory Health</b> (Asthma, Allergies, Sleep Apnea, etc)	Yes	Yes	
<b>Digestive Health</b> (Acid Reflux, Ulcers, IBS, Crohn's, Colitis, etc)	Yes	Yes	
<b>Improved Sense of Well-Being</b> (Stress, anxiety, Depression)	Yes	Yes	
<b>Pain / Inflammation Relief</b>	Yes	Yes	
<b>Foot / Muscle Relief</b> (Gout, Cramping, Restless Leg)	Yes	Yes	
<b>Healthy Immune Function</b> (Colds, Flu, Autoimmune Diseases)	Yes	Yes	
<b>Skin Health</b> (Eczema, Psoriasis, Acne)	Yes	Yes	
<b>Improved Sleep</b>	Yes	Yes	
<b>Other Health Concerns</b> _____			
<b>Do you take Vitamins or Herbals of any kind?</b>	Yes	Yes	
<b>Are you under the supervision of a Health Professional?</b>	Yes	Yes	
<b>Do you take prescription medication?</b>	Yes	Yes	

***Is there any reason you would not be willing to use a product that would address these concerns? \_\_\_\_\_***

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_