

The Accelerated Weight Loss Cleanse Program

Personal Analysis Form

Name _____	Phone _____
Address _____	Alt Phone _____
_____	Email _____
DOB _____	Occupation _____
How did you hear about our office? _____	
My CURRENT Height _____ feet _____ inches Weight _____ pounds	
My IDEAL body weight is _____ pounds, and my time-frame goal of achieving this weight is _____	
I am able to visualize myself healthy and at my ideal weight __yes __no	

1. What is your primary health and wellness focus?
_____ Energy /Endurance Development _____ Pain /symptom relief
_____ Lean Mass Development /Toning _____ Toxic Fat Reduction / Wt. Loss
2. My Goal during the Cleanse Program is to reach my target weight of _____ pounds.
3. My other goals with considering a Cleanse are _____
4. Do you have any other lifestyle resolutions / goals you would like start doing?

5. If you currently exercise now, how frequently and what type of workout?

6. On a Scale of 1 to 10 (10-highest), how would you rate your level of commitment to achieving your health and wellness goals? _____
7. How long have you desired to lose weight and/or improve the quality of your overall health? _____
8. Accumulated Toxic Considerations: How often do you consume the following:
Fast food _____ Soda / soft drinks _____
Coffee _____ Tobacco / cigarettes _____
Alcohol _____ Sugar products _____
9. My Stress mainly comes from _____

10. **Health History**

Please describe any / all conditions or diseases you have been diagnosed with by a doctor

Currently I suffer from: Headaches_____ Neck pain _____ Back pain _____

Digestive problems _____ Low energy _____ Sinus/Allergies _____

Fibromyalgia _____ Sleep Issues _____ Other symptoms: _____

Please list all medications you are currently taking _____

Is there anything else the Doctor should know about your health, previous or current?

11. Personal Health Analysis: Rate yourself from 1 to 10 in the following areas.
(1= Very poor and 10 = Ideal Health)

SCORE	1	2	3	4	5	6	7	8	9	10
Physical Health										
Body Weight										
Energy Level										
Pain Level										
Relationship Health										
Emotional Health										

12. Based on thousands of people who have gone through this Cleanse program, those who created and used a support team achieved significantly better long-term results. It is recommended that your support team be people who are positive minded, care about you, and those who will support you in achieving long-term health & wellness.

My support team will include: _____

13. I have tried to lose weight before by trying: _____

14. At the end of my Cleanse program, I wish to be:

15. I understand that my insurance company will not cover the cost of the products, however they may offer coverage for the nutritional consultation.

Signature _____ Date _____

Name of Your Insurance Company _____ Policy # _____