

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