

Wellness Consult

Where is your health now?

Rate Yourself 1 = Poor, 10 = Excellent

- _____ I drink enough water *I drink _____/day
- _____ I eat healthy, *Live Whole Foods
- _____ I am at my ideal weight *If not, my goal is _____
- _____ I avoid sugar
- _____ I exercise regularly *_____ times a week
- _____ I get adequate rest
- _____ I feel happy and calm
- _____ I live pain-free
- _____ I suffer from headaches
- _____ I am full of energy
- _____ I manage stress well
- _____ I fill in the gap for my body's nutritional needs:
 - *Supplements _____
 - *Other _____



FREE LIFETIME SHIPPING



Where Do You Want To be?

What Health issues do you want to target? _____

What is preventing you from your optimal health? _____

What's Your Personal Commitment?

How important is it to you to feel well? _____

What are you willing to Give Up? _____

What are you willing to Do? _____

NEXT STEPS

1. Complete Wellness Consult
2. Schedule Date & Time for Wellness Consult Follow Up (use calendar scheduling on website)
3. Complete Personal One On One with Review & Recommendations based on Wellness Consult

“Embrace and love your body. It’s the most amazing thing you will ever own.”

Name	Cell	Date	Follow Up Date
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