DESIGN YOUR WELLNESS NOW

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Client Goals ©

On a scale 1 to 10 when 1 = not interested and 10 = very interested, what are your goals? Feel free to put down a date when your goal will be achieved, if you feel like it \odot .

Less stress?	
Better Sleep?	More relaxation?
More joy and harmony in your life?	
Improved energy and vitality?	
Firming and toning?	Reduce fat?
Improve flexibility and mobility?	Improve balance?
Less toxins?	
Improved Health condition? Please spec	ify.
Other? Please specify.	
How fast you want results?	
What is your willingness to hear and embrace suggestions?	
What is your willingness to change?	

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Questionnaire

Exercise routine:
None Once a week2-3 times/week Every day
Diet:
Do you eat wheat? How often?
Do you eat soy? How often?
Do you eat dairy? How often?
Do you eat white sugar? How often?
Do you drink coffee? How often?
Do you drink alcohol? How often?
Do you smoke? How often?
Do you use recreational drugs? How often?
Do you eat artificial sweeteners? How often?
Do you eat meat? What kind? How often?
Do you eat corn syrup, high fructose corn syrup? How often?
Do you detox (diet/sauna)? How often?
How many serving size of raw fruits & vegetables you eat a day? Organic?
Health:
Blood pressure: High? Low?
Diabetes:
Stomach / intestine ulcer
Athlete foot
Hemorrhoids
Constipation/Diarrhea
Hepatitis/Gastritis
Eczema
Neuralgia
MS
Internal Pacemaker, Implantable Cardioverter Defilibrillator
Brain tumor
Radiation/Chemotheraphy
High fever
Bypass surgery
Metal pins, rods, artificial joints, plates
Medication:
Corticosteroids
Other
♥ VIIVI