**Online Cleanse Health Questionnaire**

|  |  |
| --- | --- |
| Name: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of birth: |  | Date you want to start cleanse: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email: |  |

In order to customize the class and tailor it to your needs, we would like you to fill out the following questionnaire:

|  |  |  |  |
| --- | --- | --- | --- |
| Have you done a cleanse before: |  | If so, when was it: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have any major health concerns: |  | If so, please list: |  |
|  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Are you currently taking any medications: |  | If so, please list: |  |
|  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have any known blood sugar issues: |  | If so, please explain: |  |
|  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have any known liver or gallbladder problems: |  | If so, please explain: |  |
|  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have any known food allergies:  |  | If so, please list: |  |
|  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Are you aware of having any adrenal fatigue: |  | If so, please tell us how you know: |  |
|  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you experience constipation or other elimination issues: |  | If so, please explain: |  |
|  |
|  |

What are your goals for this cleanse? (Please X)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Weight loss |  | Get healthier |  | Resolve minor health issues |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Look better |  | Create better habits |  | Other |  |

|  |  |
| --- | --- |
| Do you have any questions to start: |  |
|  |
|  |

When are good times, during the week, that you can be contacted to conduct your personal cleanse counseling session (each session is about 15 minutes, please give a few options)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |

Which products are you interested in? (Please X)

\*Protein Powder:

|  |  |
| --- | --- |
| Standard Process, SP Complete DF $65.00 (1 lasts 3 weeks, highest in protein) |  |

|  |
| --- |
| Apex Energetics, Clearvite PSF $62.00 (multivitamin, mineral, and herbal dietary supplement |
| powder) |  |

\*Pekana Homeopathic Remedies:

|  |  |
| --- | --- |
| Apo-Heat $38.00 (opens up liver elimination/detox pathway, will last long past the cleanse) |  |

|  |  |
| --- | --- |
| Renelix $38.00 (opens up kidney elimination/detox pathway, will last long path the cleanse) |  |

\*Probiotics:

|  |  |
| --- | --- |
| Standard Process Probiotics $36.00  |  |

\*Fiber:

|  |  |
| --- | --- |
| Standard Process Gastro-Fiber $20.00 |  |

\*Liver Support:

|  |  |
| --- | --- |
| Standard Process SP Green Food $37.00 |  |

\*Digestive Support:

|  |  |  |  |
| --- | --- | --- | --- |
| Biotics HydroZyme? 90 tabs $13.00 |  | Biotics HydroZyme? 330 tabs $44.00 |  |