60-SECOND HEALTH TEST

In just 60 seconds, learn what you need to improve your health.

Do you have any of these occasional symptoms?

Use a checkmark (√) to note the conditions that effect you.

- ☐ Low Energy/Often Feel Tired
- ☐ Skin Problems
- ☐ Occasional Headaches
- ☐ Difficulty Losing Weight
- ☐ Aching Joints
- ☐ Muscle Cramps
- ☐ Menstrual Cramps/PMS
- ☐ Mood Swings
- ☐ Water Retention
- ☐ Hot Flashes/Night Sweats
- ☐ Difficulty Handling Stress
- ☐ Frequent Colds
- ☐ Poor Concentration/Memory
- ☐ Cravings for Sweets/Salts
- ☐ Low Self-Esteem
- ☐ Difficulty Walking in Morning
- ☐ Difficulty Falling Asleep
- ☐ Cold Hands and Feet
- ☐ Often Feel Bloated
- ☐ Belching/Gas After Meals
- ☐ Heartburn/Indigestion
- ☐ Constipation or Diarrhea
- ☐ Brittle Nails/Limp, Dry Hair
- ☐ Hair Loss
- ☐ Allergies/Hayfever
- ☐ Hemorrhoids
- ☐ Body Oder
- ☐ Low Endurance Level
- ☐ Low Problems with Yeast/Fungus

Total Number of Checkmarks ____

Weight Loss Evaluation

1. **Your current weight ____ lbs. Your goal weight ____ lbs.**
2. **How much weight do you want to lose in your first 10 days? ____ lbs.**
3. **How much weight do you want to lose in your first 30 days? ____ lbs.**
4. **How much weight do you want to lose in your first 12 weeks? ____ lbs.**

Call now to schedule an appointment today!!