

## PERSONAL HEALTH ASSESSMENT CHART

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Please fill out the following chart at the beginning of your dietary supplement program. This is for your personal information only, and designed as a point of reference to look back at after 3, 6 and 12 months of using dietary supplements.

**Check off the item(s) appropriate to your current personal health.**

### **CHALLENGES / HEALTH ISSUES ASSESSMENT**

1. \_\_\_ Low energy
2. \_\_\_ Lack of vitality (low endurance level, energy crashes, etc)
3. \_\_\_ Skin problems (dry, itchy, acne, rashes, etc)
4. \_\_\_ Headaches – how often?
5. \_\_\_ Memory lapses – frequency?
6. \_\_\_ Aching joints
7. \_\_\_ Cramps in muscles
8. \_\_\_ PMS, Cramps, Menstrual problems
9. \_\_\_ Use pain killers – frequency?
10. \_\_\_ High Blood Sugar (Diabetic)
11. \_\_\_ Low Blood Sugar (Hyperglycemia)
12. \_\_\_ High Blood Pressure (Hypertension)
13. \_\_\_ Low Blood Pressure
14. \_\_\_ Emotional Instability (highs and lows)
15. \_\_\_ Handle stress poorly
16. \_\_\_ Depression
17. \_\_\_ Poor concentration / Lacking in mental clarity
18. \_\_\_ High alcohol consumption
19. \_\_\_ High coffee consumption
20. \_\_\_ Frequent colds & congestion
21. \_\_\_ Allergies (pets, food, plants, etc)
22. \_\_\_ Poor immune system
23. \_\_\_ Difficulty getting up in the morning
24. \_\_\_ Difficulty falling asleep
25. \_\_\_ Difficulty sleeping throughout the night (Insomnia)
26. \_\_\_ Digestive problems (Acid Reflux, Burping, Belching)
27. \_\_\_ Heartburn or Acid Indigestion
28. \_\_\_ Constipation
29. \_\_\_ Bad Breath
30. \_\_\_ Cold Hands or Feet
31. \_\_\_ Temperature Sensitivity
32. \_\_\_ Dry or Brittle Nails
33. \_\_\_ Dull, Thinning or Graying Hair
34. \_\_\_ Overweight / Underweight (circle one)
35. \_\_\_ Craving for Carbohydrates
36. \_\_\_ Strong desire for chocolates/sweets
37. \_\_\_ Shortness of Breath / Poor Oxygenation
38. \_\_\_ High Cholesterol
39. \_\_\_ Cuts and Bruises Heal Slowly

Is there anything else you wish to add?

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After filling in your personal health assessment (make sure you take a few days to record all challenges – it’s amazing how one forgets the subtle changes over time), please file in a safe place.

Revisit this list and record changes after:

**3 months:**

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**6 months:**

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**12 months:**

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Congratulations!! Please feel free to share your health benefits and improvements with your health professional and also with the person who introduced you to these dietary supplements. The mission is to make a difference by introducing people to excellent natural sourced liquid dietary supplement choices.

The wellness philosophy is: *“when the body gets what it needs, it then has the opportunity to address its health challenges”* and good dietary supplement products help to supply those needs!

Congratulations on choosing an enhanced road to wellness for you and your family, and thank you for being a valued customer.

This information is for educational purposes and is neither designed nor intended to diagnose, treat, cure or prevent any disease.