

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 (Hypoglycemia)
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?

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:

6 months:

12 months:

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.