

You can change your health

Doesn't everybody want good health? High energy, mental clarity, full function, and absence of disease well into old age. It's yours for the taking!



WHAT DO YOU WANT?

- More strength
- More sex drive
- More energy
- Clearer thinking
- More 'good' days
- Less stress
- Better mood
- Less pain
- Better sleep quality
- Better mobility
- Greater control over health
- More independence
- More living!
- Other: _____

WEEKLY PHYSICAL ACTIVITY:

Type of activity? _____

of times per week: _____

Average length of time spent: _____

DAILY EATING PATTERNS:

3 meals a day?..... Yes No

5 small meals a day? Yes No

Snack all day?..... Yes No

Other: _____

VITAMIN SUPPLEMENTS:

Are vitamin supplements part of your daily routine?..... Yes No

Do you feel vitamin supplements can be of benefit to you?..... Yes No

Are you totally satisfied with your present nutritional routine?..... Yes No

Would you be interested in a nutritional consultation?..... Yes No

If Yes:

Your Name: _____

Ph. Number: _____

Email Address: _____

