

It is GOOD to see you back!



PLEASE UPDATE:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Service Provider: \_\_\_\_\_

Email Address: \_\_\_\_\_

Your Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Office

pH:

When did you *originally* begin the program? \_\_\_\_\_

What was your *start* pant size/weight? \_\_\_\_\_ How much weight did you *lose*? \_\_\_\_\_

What is your *current* pant size/weight? \_\_\_\_\_ How much weight did you *gain*? \_\_\_\_\_

Do you still use ionized water daily? YES NO Do you have a home water unit? YES NO

What do you drink on a daily basis? (soda, water, beer, wine, bottled water, tea, coffee...) How much? \_\_\_\_\_

What are your current top favorite foods? (fats, sugars, proteins, starches, junk food, vegetables...) \_\_\_\_\_ How often do you eat? \_\_\_\_\_

Have you had any of the following since you were last on the program: emotional stressor, illness, death, caretaking, house move, surgery, job change, sleeping pattern changes, added meds? \_\_\_\_\_

When you were on the plan, did you adjust your medications? \_\_\_\_\_

We ask that you be honest with your responses and please do not hold anything back, as your honesty will help us improve our services so that we can help you better.

Were you satisfied with the program? YES NO \_\_\_\_\_

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