

# *The Accelerated Weight Loss Cleanse Program*

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## Personal Analysis Form

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Alt Phone \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

DOB \_\_\_\_\_ Occupation \_\_\_\_\_

How did you hear about our office? \_\_\_\_\_

My **CURRENT** Height: \_\_\_\_\_ feet \_\_\_\_\_ inches    Weight: \_\_\_\_\_ pounds

My **IDEAL** body weight is \_\_\_\_\_ pounds, and my time-frame goal of achieving this weight is \_\_\_\_\_

1. What is your primary health and wellness focus?

- \_\_\_\_\_ Energy / Endurance Development
- \_\_\_\_\_ Lean Mass Development / Toning
- \_\_\_\_\_ Toxic Fat Reduction / Weight Loss
- \_\_\_\_\_ Pain / symptom relief

BMI	Weight Status
Below 18.5	Underweight
18.5 – 24.9	Normal
25.0 – 29.9	Overweight
30.0 and Above	Obese

**Your Body Mass Index: \***

BMI = Weight x 703 = Answer  
 Answer / height (inches) = Answer  
 Answer / height (inches) = BMI

*Example: Ht: 70 in, Wt: 200 lbs*  
 $200 \times 703 = 140,600$   
 $140,600 / 70 = 2,383$   
 $2,383 / 70 = 28.6$  is the BMI

**MY BMI = \_\_\_\_\_**

2. My Goal during the Cleanse Program is to reach my target weight of \_\_\_\_\_ pounds.

3. My other goals with considering a Cleanse are \_\_\_\_\_

4. Do you have any other lifestyle resolutions / goals you would like start doing?  
 \_\_\_\_\_

5. If you currently exercise now, how frequently and what type of workout?  
 \_\_\_\_\_

6. On a Scale of 1 to 10 (10-highest), how would you rate your level of commitment to achieving your health and wellness goals? \_\_\_\_\_

7. How long have you desired to lose weight and/or improve the quality of your overall health? \_\_\_\_\_

8. Accumulated Toxic Considerations: How often do you consume the following:

Fast food \_\_\_\_\_ Soda / soft drinks \_\_\_\_\_  
 Coffee \_\_\_\_\_ Tobacco / cigarettes \_\_\_\_\_  
 Alcohol \_\_\_\_\_ Sugar products \_\_\_\_\_

9. How would you rate your current level of motivation to reach your health goals?

\_\_\_\_\_ High \_\_\_\_\_ Moderate \_\_\_\_\_ Low

**10. Health History**

Have you been to your Primary Doctor for a physical in the past year? \_\_\_Y \_\_\_N

Please describe any / all conditions or diseases you have been diagnosed with by a doctor

\_\_\_\_\_

\_\_\_\_\_

Please list all medications, vitamins and minerals you are currently taking \_\_\_\_\_

\_\_\_\_\_

Is there anything else the Doctor should know about your health, previous or current?

\_\_\_\_\_

11. Personal Health Analysis: Rate yourself from 1 to 10 in the following areas.

(1= Very poor and 10 = Ideal Health)

<b>SCORE</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
Physical Health										
Body Weight										
Energy Level										
Pain Level										
Relationship Health										
Emotional Health										

12. Based on thousands of people who have gone through this Cleanse program, those who created and used a support team achieved significantly better long-term results. It is recommended that your support team be people who are positive minded, care about you, and those who will support you in achieving long-term health & wellness.

My support team will include: \_\_\_\_\_

\_\_\_\_\_

13. At the end of my Cleanse program, I wish to be:

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_