

Please take a moment to complete the information and email to: Angela@juiceladycherie.com Thank you!

| Name: | male/female: | Age: | Wt: | Height: |
|---|-------------------------------|----------------|-------------------|-------------|
| Email: | Ph: | | E | Blood Type: |
| What are your main | health concerns a | nd/or health | goals? | |
| What best describes | s your daily activity | level? | | |
| Sedentary (e.g. I'm Light (e.g. an office Medium (e.g. a prof Heavy (e.g. a constr | worker) fessional cleaner) | | | |
| What is your curren | t occupation? | | | |
| What do you typical | lly eat/drink for bre | eakfast, lunch | , dinner and snac | ks? |



| Do you have a diagnosis for any chronic health conditions? |
|--|
| What medications and/or supplements (if any) are you currently taking; please include HTR (Hormone Replacement Therapy), birth control or testosterone cream (males). If so, how long and at what dose? |
| What are your expectations for the service? |
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| DISCLAIMER: The information in this communication has not been evaluated by the FDA and is not intended to treat, diagnose, cure or prevent any disease. This information is not intended as a substitute for the advice or medical care of a qualified health |

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care professional and you should seek the advice of a health care professional before undertaking any dietary or lifestyle changes. The material provided in this communication is for educational purposes only. Every effort is made to ensure this

information is accurate and as up to date as possible.