Current Weight:_____ Desired Weight:_____

Desired Completion Date:_____

Weight loss can be complex. If you have failed in the past, it could be because you have some of the following

- ☐ Fatigue
- ☐ Difficulty getting to sleep
- ☐ Difficulty staying asleep
- ☐ High amounts of stress
- ☐ Over heating
- ☐ Cold hands and feet
- ☐ Low sex drive
- ☐ Abdominal Pain
- ☐ Diarrhea
- ☐ Constipation
- ☐ Gas after a meal
- ☐ Frequent Urination
- ☐ Sugar Cravings
- ☐ Irritable if meals are missed
- ☐ Fatigue after meals
- ☐ Fibromyalgia
- ☐ Depression
- ☐ Mental fatigue
- ☐ Menopause
- ☐ Muscle pain
- ☐ Joint pain
- ☐ Back pain
- ☐ Knee pain
- ☐ Hip pain
- ☐ Take pain medication

If you filled out more than 2 of the following, you should ask for a complete health evaluation form.

If there was something you could do about these conditions would want to do so. ☐ YES ☐ NO

I would like to have a Discounted consultation with the doctor about my problem on which day:

Circle One: Mon Tue Wed Th Fri AM/ PM

Please fill out to qualify for the raffle.

Name_____Occupation_____

Address_____ City_____ Zip_____

Phone where you can be reached_____

Age_____ Email_____