



(801) 590-0876

715 E. 3900 S. #107

Salt Lake City, UT 84107

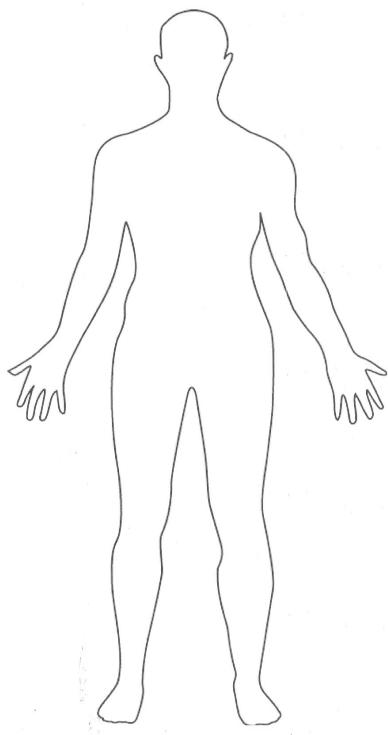
Name: _____

Address: _____

Phone: _____

Email: _____

1) Circle your problem areas.



2) Describe your current weight.

a) Under weight

b) Perfect weight

c) I would like to lose 5 - 25 lbs

d) I would like to lose more than 25 lbs

3) Describe your stress level.

0 = no stress 10 = very stressed

0 1 2 3 4 5 6 7 8 9 10



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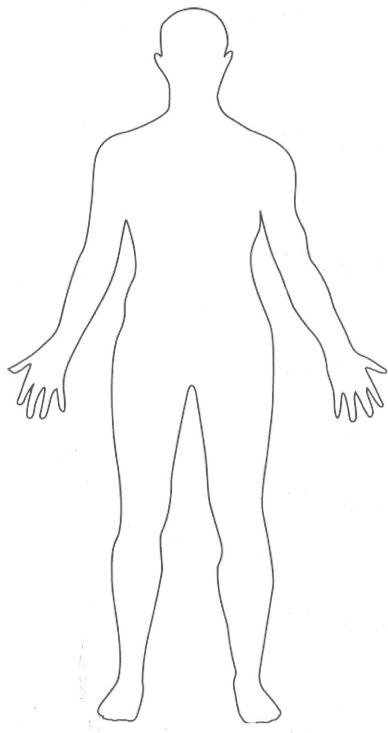
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