



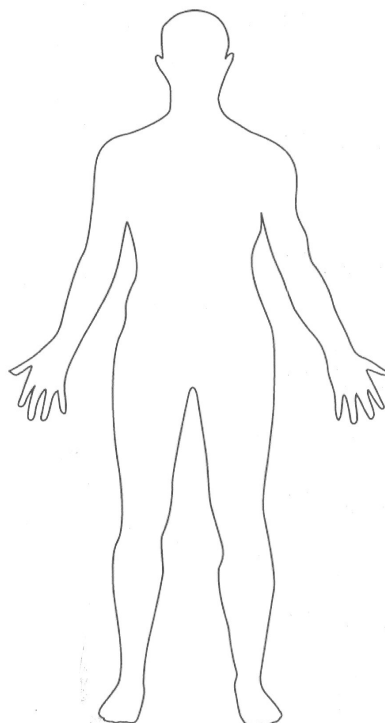
Name: _____

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



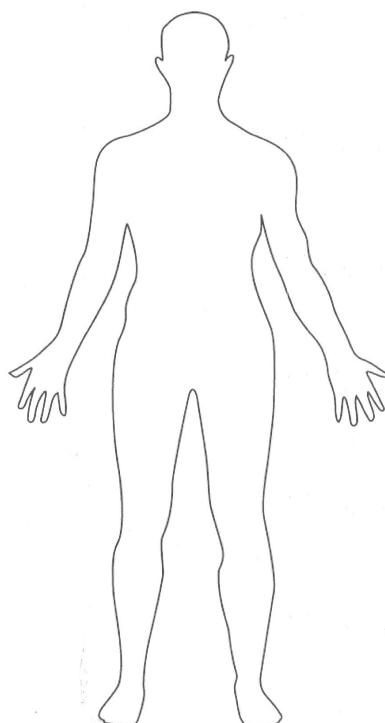
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