20-DAY REJUVENATION WEIGHT LOSS PROGRAM EVAL

Patient Name: _____ Age: _____ Height:_____ Anticipated Start Date of Program: _____

Visit #		**Visit #**		**Visit #**		**Visit #**	
Date		Date		Date		Date	
Weight/Tanita		Weight/Tanita		Weight/Tanita		Weight/Tanita	
Wellness Goals		Wellness Goals		Wellness Goals		Wellness Goals	
Digestion		Digestion		Digestion		Digestion	
Elimination		Elimination		Elimination		Elimination	
Sleeping Habits		Sleeping Habits		Sleeping Habits		Sleeping Habits	
Energy Level		Energy Level		Energy Level		Energy Level	
EFT:		EFT:		EFT:		EFT:	
Body Treatment:		Body Treatment:		Body Treatment:		Body Treatment:	
Sauna:		Sauna:		Sauna:		Sauna:	