

Client Nutritional Questionnaire

Please take a few minutes to circle the answers to the below questions to help identify key points about your nutritional health.

1. What is your goal:

| | | | |
|--|---|---|-----------------------------------|
| <input type="checkbox"/> Weight loss | <input type="checkbox"/> Energy & Performance | <input type="checkbox"/> Anti-aging | <input type="checkbox"/> Skincare |
| <input type="checkbox"/> Better quality of sleep | <input type="checkbox"/> Joint health | <input type="checkbox"/> Mental clarity | |

2. Are you concerned with the amount of toxins and chemicals in your environment? No Yes

3. Do you feel you get enough nutrition from the food you currently eat? No Yes

4. Do you eat organic produce? No Yes

5. Do you currently get a sound 8 hours sleep per night? No Yes

6. Do you feel alert every morning when you wake up? No Yes

7. Do you have a hard time losing weight? No Yes

8. Do you consume coffee, tea, sugar, candy or similar products to give you a boost during the day? No Yes

9. Do you take vitamins and mineral currently? No Yes
 List: _____

10. Are you taking any medications? No Yes
 List: _____

11. Do you currently use skincare products? No Yes
 List: _____

12. Are you: Lactose intolerant Vegan Vegetarian

If you would like to find out how to easily improve your internal body environment, we're offering our clients a free consultation. See the front desk to schedule an appointment.

PLEASE PRINT

Name _____ Date _____



Tracking My Progress

Calculate Your Body Mass Index (BMI)

Height _____

BMI Before _____

Weight x 703 ÷ Height in inches ÷ Height in inches

BMI After _____

Example: BMI: Bob is 5'7" and weighs 155 pounds. Bob's BMI is 24.3 (155 x 703 ÷ 67 ÷ 67). Therefore, according to the chart, his weight status is normal.

| BMI | Weight Status |
|--------------|---------------|
| Below 18.5 | Underweight |
| 18.5 - 24.9 | Normal |
| 25 - 29.9 | Overweight |
| 30 and Above | Obese |

Use this chart to keep track of all your progress. Get motivated with every inch and pound lost. Progress is a process. Success breeds success.

| Measurements | Start | Day 3 | Day 10 | Day 30 |
|-------------------------------------|-------|-------|--------|--------|
| Upper Arm (Left) | | | | |
| Upper Arm (Right) | | | | |
| Chest (men: at armpit, women: bust) | | | | |
| Upper Thigh (Left) | | | | |
| Upper Thigh (Right) | | | | |
| Waist | | | | |
| Additional Measurements | | | | |
| Neck | | | | |
| Diaphragm (rib cage) | | | | |
| Abdomen 6" Below Waist | | | | |
| Buttocks 9" Below Waist | | | | |
| Calf (Left) | | | | |
| Calf (Right) | | | | |
| Upper Knee (Left) | | | | |
| Upper Knee (Right) | | | | |
| Totals | | | | |
| My Total Inches | | | | |
| My Total Inches Lost | X | | | |
| My Weight | | | | |
| My Weight Lost to Date | X | | | |

For a chance to win free product and to utilize an online BMI and Measurement Tracker, join the IsaBody Challenge® at IsaBodyChallenge.com.



Isagenix Recommendation

Client: _____ Date _____

Weight _____ BMI _____ Age _____ Sex _____ Height _____

Measurements _____

Health and Nutrition Goals _____

Follow-up Appointment _____

Order Today Yes _____ No _____

Program Recommendation

- 30-Day Cleansing and Fat Burning System™
- Athlete's Pak™
- Energy & Performance System
- Rejuvity System
- Total Health & Longevity System™ with Product B™

Other Product Recommendations

- Ageless Essentials™ Daily Pack
(for men or women)
- Ageless Essentials™ with Product B™
(for men or women)
- Ageless Renewal Serum
- Brain Boost & Renewal™
- Cleanse for Life™
- e+
- FiberSnacks!™
- Ionix® Supreme
- IsaDelight Plus™
- IsaFruits®
- Isagenix Greens!™
- IsaLean® Bars
- IsaLean Shakes

- IsaPro® – Vanilla
- Joint and Pain Relief System™
- Product B™ Antioxidants plus
Telomere Support
- t+ Chai
- Want More Energy?®
- Other _____
