



BEAUTIFUL FACE

BEAUTIFUL BODY

BEAUTIFUL SOUL

Date _____
referred by _____

Name _____ Age _____ Physical- _____
 Address _____ Birth Date _____ Condition (s) _____
 City, State, Zip _____ Weight _____
 Home Phone _____ Height _____ Last Physical _____
 Work Phone _____ Married (?) _____ Active (?) _____
 Cell Phone _____ # children _____ Sedentary (?) _____

PERSONAL HEALTH INFORMATION

_____ allergies	_____ improper diet
_____ arthritis	_____ indigestion
_____ breast feeding	_____ low energy
_____ cancer	_____ menopause
_____ cellulite	_____ menstrual cramps/PMS
_____ constipation	_____ migraine headaches
_____ diabetes	_____ muscle, bone, joint problems
_____ heart disease	_____ overweight
_____ high blood pressure	_____ poor circulation
_____ high cholesterol	_____ pregnant
_____ hypertension	_____ recent surgery
_____ hypoglycemia	_____ smoker

DO YOU ?

	YES	NO
Belong to a health club	_____	_____
Crave sweets	_____	_____
Snack between meals	_____	_____
Take medication to suppress appetite	_____	_____
Take fiber supplements	_____	_____

HAVE YOU?

	YES	NO
Ever weighed more	_____	_____
How much _____ When _____		
Had weight reduction surgery	_____	_____

Goal Weight _____ Wkly red meat consumption _____ What are your main goals? _____
 Exercise Program _____ Wkly alcohol consumption _____
 Caffeine consumed _____ Daily water consumption _____
 Current vitamin consumption _____ Medications _____
 Daily Meals B ___ L ___ D ___ Allergies _____
 Daily raw vegetables/fruits _____

- 1) I hereby acknowledge that the products and services were explained to me and I understand that these products are not meant to replace the services of my physician (s). I understand that I may be allergic to, or have a reaction to, one or more of the ingredients in the contouring cream which may result in a hive type rash.
- 2) If under a doctor's care and I use this information, products, or services without my doctor's approval, I am assuming full responsibility and hereby fully and forever release The M'LIS Company from any or all liability.
- 3) I am of lawful age and have read and fully understand the contents of this document and the complete terms and conditions herein. This agreement contains the complete agreement between the parties and no other guarantees or refunds will be given on products or services.

Signature _____ Date _____ Parent/guardian _____