Name:		Phone:	
Address:			
City:	State:	Zip:	
Email:			
Date of Birth:		Age:	Height:

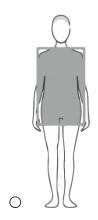
1. What is your weight gain status?

- O Not much, but I'd really like to prevent it from happening
- O I've recently noticed a little weight gain in my face or midsection
- O I've been struggling with weight for years, and want to take steps to correct it

2. Has a physician recommended you lose weight?

O Yes O No

3. Where do you gain weight?









4.	Are you using a doctor recommended treatment? (Check all that apply)				
	Bariatric surgery (lipo, bypass, ring)				
	Drugs (Phen, Alli, Vit B injection, Hormone replacement)				
	Well-balanced diet				
	Regular exercise				
	I'm using something else for my weight loss (supplements, fad diet, cleanse)				
	No, I'm not doing anything for weight loss				
5.	hat's the biggest challenge for you to lose weight/keep it off?				
	O Diet O Exercise O Age O Stress O Sleep O Genetics				
6.	Have you lost weight in the past?				
	 Yes, I've successfully lost >20 lbs and kept it off 				
	 Yes, I've successfully lost >20 lbs and regained it 				
	O No, I've never been able to lose weight				
	O No, I've never struggled with my weight until recently				
7.	How much money have you spent in the last year on weight loss? (Supplements, training, Rx, pre				
	packaged meals, memberships, etc)				
	○ >\$2,500 ○\$1,000-\$2,500 ○\$500-\$1,000 ○\$100-\$500 ○<\$100				
8.	How long would it take you to lose 20 lbs?				
	O 30 days O60 days O90 days O6 months O1+ year				
	O I couldn't lose 20 lbs on my own				
9.	How much would it be worth to lose 20 lbs in <6 weeks?				
	O \$1/day				
	O Cost of daily Starbucks coffee				
	O More than car payment, less than house payment				
	O You can't put a price on results like that				