



Aloe Herbal Slimming Body Wrap

INFORMATION AND HEALTH QUESTIONNAIRE

(Answers to all questions are for our records only and will be held confidential)

Date _____

Name _____ Date of Birth _____

Street Address _____ City _____ State _____ Zip _____

Home Telephone _____ Work # _____ Cell #- _____

How did you hear about us? _____

Have you ever had a body wrap? _____ Where? _____ When? _____

I am concerned about: Body Image _____ Toxins _____ Cellulite _____ Firmness of Skin _____

Body Image:

Describe your best body feature: _____

What would you like to change?: _____

Describe your current eating habits (what, when, why, where, how)

How many 8-oz servings daily Water _____ Coffee/Caffeine: _____ Alcohol _____

Total Health:

Are you under a doctor's care? _____

Circle any problems in the following body systems:

Acne, *Open Wounds, Dermatitis/Eczema, Psoriasis, Skin Cancer, *Herpes Simplex, Warts, Burns, Allergies

Musculo-skeletal (bones/joints/muscles): Fibromyalgia, Muscle/Joint Problems

Nervous (brain/spinal cord/nerves): Multiple Sclerosis, Seizure Disorders, *Numbness

Circulatory (heart/blood/veins): Bruises, Heart Disease, Diabetes, *Varicose Veins,

Immune System: Chronic Fatigue, Inflammation, *Lupus, *HIV/Aids, *Cancer

Respiratory (lungs): Sinusitis, Tuberculosis, Asthma, Emphysema

Digestive (stomach/intestines): IBS, Gastric Bypass, *Hepatitis, Liver problems

Urinary (kidney/bladder): *Kidney Failure, Urinary Tract Infection

Recommend a doctor's release for * items

Other: Postoperative _____ Edema (please describe) _____

First day of last menstrual cycle: _____

Are you pregnant? _____ If yes, what month due: _____

Signature: _____ Date: _____