

Supplements Evaluation

Name: _____ Date: _____

Nutritional Supplement Evaluation:

We have found that those who get better quicker and stay better longer are those whose cells are nourished the best. Please MARK ANY SUPPLEMENTS you may already be taking to help us target any specific support your body may require.

Foundational Five:

Fish Oil (Natural EPA/ DHA 18:12 Ratio)

I am currently taking: _____

Vitamin D

I am currently taking: _____

Probiotics

I am currently taking: _____

Vitamin/ Mineral/ Antioxidant Supplement

I am currently taking: _____

Digestive Enzymes

I am currently taking: _____

Please turn over for additional supplements → → → → → → → → → → → → → →

Support for Meal Skippers (indicate if you do skip meals)

I am currently taking: _____

Protein Drink

I am currently taking: _____

Soft Tissue and Joint Repair Formula

I am currently taking: _____

Metabolic Support Formula (Supplements that help stress & B vitamins)

I am currently taking: _____

Digestion Support Formula (supplements that help move your bowels)

I am currently taking: _____

Immune System Support Formula

I am currently taking: _____

Hormone Support Formula

I am currently taking: _____

Other Support Formulas
