Email Address \*

What is your motivation to make a change in your life? \*

What have you done in the past to work on this health condition?

(include both alternative and traditional modalities.) \*

What has proven effective? \*

What is your current diet like? Please be specific; list breakfast, lunch, dinner, and snacks, as well as the times you eat. \*

Are you taking any supplements? Please list what you take and what it is for.  \*

What would you like your health to be 30 days from mow? How about 90 days from now? How would you feel if you got this result? \*

What obstacles, challenges, and struggles do you come up with regarding diet/lifestyle? \*

What are 5 things you LOVE about your life? \*

How do you expect your life will be improved once you develop new habits? Please elaborate in detail.