

Nutrition Outreach QUESTIONNAIRE

Date _____

Name _____ Age _____ Weight _____

Address _____ Zip _____ Phone _____

1. List HEALTH PROBLEMS

A. _____ B. _____

C. _____ D. _____

2. What are your Health Goals?

A. _____ B. _____

C. _____ D. _____

3. Are you on any Medication? Please list name, amount and what they are for.

A. _____ B. _____

C. _____ D. _____

4. What type of Surgery have you had?

5. Are you currently using Nutrition Outreach or any other Herbal, Nutrition or Vitamin Products? Please List.

A. _____ B. _____

C. _____ D. _____

6. Please check if you suffer from the following.

Tiredness
Dizziness
Overweight
Underweight
Poor Circulation
High Blood Pressure
High Cholesterol
Heart Problems

Skin Problems
Prostate Problems
Menstrual Problems
Menopausal Problems
Yeast Infections
Respiratory Problems
Lung Problems
Liver Disorders

Urinary Tract Problems
Joint Pain
Gout
Arthritis
Sports Injuries
Other _____

7. Would you like a Suggested NUTRITION OUTREACH SUPPORT PROGRAM?

Yes ___ No ___ I will pay by: Cash ___ Money Order ___ Credit Card ___ Check ___

8. Would you like to be notified of up and coming SEMINARS? Yes ___ No ___

How did you hear about NUTRITION OUTREACH? _____

If you would like a Personal Suggested Nutritional Support Program please write to:
NUTRITION OUTREACH INC. P.O.DRAWER 12279-2279 FORT PIERCE, FL. 34979