

Notice:

NOTICE: Isagenix™ products are foods and nutritional supplements. The Isagenix system is not a drug, nor is it intended to diagnose, treat, or cure any disease or illness. You should consult with your doctor before starting this or any other cleansing, exercise or weight management program.

The purpose of the personal analysis is to support YOU, as you begin using the Isagenix cleansing and fat burning technology. Together, you and your coach will use this information to help guide and measure your success. Achieving your best long-term results with this ground breaking technology is our aim, and our passion!

Name: _____

Phone: _____

eMail: _____

Age: _____

TSC: _____

Phone: _____

eMail: _____

Sponsor (If different from TSC):

TSC Use Only:

P/A Date: _____

Warm Up Day 1 : ___/___/___

Orientation Date: ___/___/___ Time: _____

Day 3 Date: ___/___/___ Lbs: _____ Inches: _____

Day 10 Date: ___/___/___ Lbs: _____ Inches: _____

Other Results: _____

1) What is your primary health and wellness focus?

- Energy / Endurance Development
- Lean Mass Development / Toning
- Toxic Fat Reduction / Weight Loss

2) My goal is to lose _____ pounds to reach my target weight _____

My current Wt: _____ Ht: (inches) _____

My BMI is: _____

3) Do you have any other Health and Wellness or Performance Goals?

4) Over what period of time would you like to achieve your goal? _____

5) On a scale of 1 to 10 (1 lowest and 10 highest):
How would you rate your level of commitment to achieve your health & wellness and/or weight loss goal? _____

Your Body Mass Index: *

BMI = Weight x 703 = Answer
Answer ÷ height (in inches) = Answer
Answer ÷ height (in inches) = BMI

Example: Ht: 70 Inches, Wt: 200 lbs

$$200 \times 703 = 140,600$$

$$140,600 \div 70 = 2,383$$

$$2,383 \div 70 = 28.6 \text{ is the BMI}$$

BMI	Weight Status
Below 18.5	Underweight
18.5 – 24.9	Normal
25.0 – 29.9	Overweight
30.0 and Above	Obese

*Source:

<http://www.cdc.gov/nccdphp/dnpa/bmi/calc-bmi.htm>

6) How long have you desired to lose weight and/or improve the quality of your overall health? _____

7) Accumulated Toxic Considerations: How often do you consume:

➤ Fast / Highly processed foods: _____ Soft Drinks (Regular & Diet): _____

➤ Caffeinated Drinks: _____ Alcohol / Tobacco: _____ Sugar: _____

8) How would you rate your current level of motivation, to accomplish your health goals?

_____ High _____ Moderate _____ Low

9) Personal Analysis: Where do you feel you are in each area, on a scale of 1 to 10?

(1 = very poor and 10 = Ideal Health)

Score	1	2	3	4	5	6	7	8	9	10
Physical Health										
Body Weight										
Energy Levels										
Pain Levels										
Relationship Health										
Emotional Health										

10) Based on the results and experience of the thousands of people who have gone through this program, those who created and used a support team achieved significantly better long-term results. Simply, it is recommended your support team be of people who are positive minded, care about you, and those who want to support you in achieving your best long term health and wellness.

Family	Extended Family	Friends

11) The end result:

I am _____, _____, _____,

now that I _____