Custom Smoothies™ Health Questionnaire

Are you currently having consistent (not occasional) problems with:

Constitutional

Weight gain	☐ Yes	☐ No
Weight loss	☐ Yes	☐ No
Thinning skin/hair	☐ Yes	☐ No
Insomnia	☐ Yes	☐ No

Ear, Nose, Throat and Mouth

Hearing Loss	☐ Yes	☐ No
Noise/Ringing in ears	☐ Yes	☐ No
Nasal Congestion	☐ Yes	☐ No
Sore Throat	☐ Yes	☐ No
Trouble Swallowing	☐ Yes	☐ No
Hoarseness	☐ Yes	☐ No

Cardiovascular

Chest pain or angina	☐ Yes	☐ No
Heart trouble	☐ Yes	☐ No
High Cholesterol	☐ Yes	☐ No
Heart murmur	☐ Yes	☐ No
High blood pressure	☐ Yes	☐ No

Neurological

Seizures	☐ Yes	☐ No
Weakness/Fatigue	☐ Yes	☐ No
Stroke	☐ Yes	☐ No
Headache/Migraine	☐ Yes	☐ No

Psychiatric

Depression	☐ Yes	☐ No
Anxiety	☐ Yes	☐ No

Allergic/Immunologic

Sneezing	☐ Yes	☐ No
Itchy eyes/nose	☐ Yes	☐ No
Itchy throat	☐ Yes	☐ No
Fibromyalgia	☐ Yes	☐ No
Lupus	☐ Yes	☐ No

Respiratory

Asthma	☐ Yes	☐ No
Coughing up blood	☐ Yes	☐ No
TB	☐ Yes	☐ No
Pneumonia	☐ Yes	☐ No
Snoring	☐ Yes	☐ No
Trouble breathing	☐ Yes	☐ No
Smoking	☐ Yes	☐ No

Gastrointestinal

Indegestion	☐ Yes	☐ No
Ulcer	☐ Yes	☐ No
Hepatitis	☐ Yes	☐ No
IBS	☐ Yes	☐ No
Chrohn's Disease	☐ Yes	☐ No
Ulcerative Colitis	☐ Yes	☐ No

Genitourinary

Bladder trouble	☐ Yes	☐ No
Enlarged Prostate	☐ Yes	☐ No
Kidney issues	☐ Yes	☐ No

Musculoskeletal

Arthritis	☐ Yes	☐ No
Muscles Loss	☐ Yes	☐ No

Endocrine

Diabetes	☐ Yes	☐ No
Hypo-thyroid	☐ Yes	☐ No
Hyper-thyroid	☐ Yes	☐ No
Adrenal Issues	☐ Yes	☐ No
Estrogen deficient	☐ Yes	☐ No
Progesterone deficient	☐ Yes	☐ No
Testosterone deficient	☐ Yes	☐ No

Addiction Detoxing	☐ Yes	☐ No

Briefly list any other issues you are having:

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☐ Yes I understand that Custom Smoothies™ are not intended to replace my current health regimen established by my physician or other medical professional, and that I will contact them for information about possible medication interactions.

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Signature, printed name, and date