

New Year, New You Weight Loss Scan

2019 Weight Loss Promotion

Name: _____ Today's Date _____

Birthdate: _____ Occupation: _____

Phone Number(s): * PRIMARY _____ * SECONDARY _____

Email address: _____ (only needed for website login)

Current Weight _____ lbs. Height _____ Goal Weight _____ lbs.

When was the last time you weighed yourself? _____

Check the one most accurate to you: *Losing weight is a top priority to me* *I wouldn't mind losing a few pounds*

How motivated are you to losing weight: 1 = low motivation 5 = VERY motivated _____

Do you have an active gym membership? YES NO

If yes, how often do you work out? _____

Do you have work out equipment at home? YES NO

If yes, how often do you use it? _____

How do you typically feel during the day? *Tired & Fatigued* *Energetic & Alert*

Do you have any health conditions that you feel are contributing to your weight gain? YES NO

Please explain: _____

What is your general stress level: High Stress Moderate Stress Low Stress

Known allergies to medications: _____

Known allergies or sensitivities (dairy, latex, etc.): _____

PLEASE LIST EVERYTHING YOU ARE CURRENTLY TAKING (Prescriptions, Vitamins, Shakes, Herbs, Supplements, etc.)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you willing to take Herbs or Supplements as part of your treatment plan? YES NO

Please identify ALL reasons why you think you are gaining weight or struggling to lose it:

portion size	late night eating	boredom	emotional eating
snacking	stress eating	lack of exercise	loneliness
body pain	hormones	genetics	alcohol/drug use
low confidence	laziness	procrastination	medication(s) I'm taking

What time of day are you most hungry? Morning Afternoon Evening Late Night

What meal of the day is your largest? Breakfast Lunch Dinner

Do you drink coffee daily? YES NO # of cups a day _____ (approximately)

Are you currently: Vegetarian Vegan Gluten Free Dairy Free Nut Free

Please list what you typically eat for each meal:

Breakfast	
Lunch	
<i>Mid-day snacks</i>	
Dinner	
<i>Late night snacks</i>	
<i>Comfort Foods</i>	

Weight Loss Package & Consent

PACKAGE A 3 Scans + 10% Supplement Discount

PACKAGE B 5 Scans + 20% Supplement Discount

By signing below I acknowledge the following

I acknowledge that the LSA technician performing my scan is not a licensed physician and will not advise me to stop taking or change any medications prescribed to me by my physician. It is my responsibility to inform the technician about medications I am currently taking and keep my medical information up to date. I understand the technology being used is not designed for, nor being used as a means of diagnosis and is strictly being utilized to identify patterns of stress within my body specific to weight and fat loss and identify balancers in the form of supplements and herbal formulas to address found imbalances. Potential risks include: discomfort upon taking a remedy longer than recommended, stomach upset if supplement not taken as directed, lack of progress if remedies are not taken. I understand no warranty of guarantee will be made to me as a result of my scan & supplements and if I suspect I am in need of medical intervention, I will consult my physician who can provide appropriate medical treatment. I understand that this scan is meant to help identify reasons why I may be gaining weight and will recommend supplements to balance out these areas. If I choose not to take recommended supplements, I understand that I may not see the results I am expecting. I acknowledge that the scan is meant to provide me the tools to begin my weight loss journey and it is up to me to incorporate them into my daily life for a better chance at getting to my goal weight. I give permission to the testing technician to evaluate me on the LSA system and understand I will be given information based on the evaluation of my results. Any decision to follow through with the program will be my own decision and it will be my responsibility to follow the recommendations given to me to increase my chances of success.

Signature _____

Date _____