



Complete the form and fax it to David @ 866-285-8296, or email it to david@weightloss24daychallenge.com

Name: _____ Date: _____ Age: _____

Phone: _____ Email: _____

Current weight: _____ Goal Weight/Date: _____

How Many Calories Would You Estimate That You Eat Each Day: _____

MEALS – What do you typically eat? Be as descriptive as possible.

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Soda Intake in 12oz servings? # of Regular Sodas?: _____ # of Diet Sodas?: _____

of Coffees Per Day?: _____ # of Juice Drinks Per Day?: _____

Daily Water Intake in Ounces?: _____

DIGESTIVE SYSTEM

Bowel Movement Frequency (# of times per day or week): _____

Do You Take Probiotics (Y/N): _____ Do You Have Acid Reflux: _____

Have You Ever Taken A Cleanse Program? : _____

What Nutritional Supplements Do You Currently Take, If Any? _____

Describe Your Exercise Program, If Any: _____

What's Your Biggest Challenge? Low Energy? _____ Sugar cravings? _____

Other? _____