

I N N O V A T I V E H E A L I N G

Innovative Healing Supplement questionnaire

In order to help you get the best results from the nutritional supplements you order, we ask that you fill out this brief questionnaire. At Innovative Healing we offer only the highest quality professional line supplements. There are many high quality manufacturers and we continually strive to find you the best products available for the best prices. After we receive this, we will make personalized recommendations.

Name: _____
Address: _____

Age: _____ **Gender:** _____ **Height:** _____ **Weight:** _____
Phone: _____ **Email:** _____

1. Are you currently taking any nutritional supplements? If so, what? Please list type and brand.

2. Do you have any specific nutrition or health goals? If so, what are they?

4. Is there anything specific you are looking for?

5. Do you have any particular health concerns? If so, what are they?