

Fresh Juice Feast Questionnaire

Today's Date _____

Name _____ Age _____ Phone _____

Address _____ City _____ State _____ Zip _____

Total number of days _____ Starting Date _____ End Date _____

Plan _____ First Scheduled Pick up Date: _____ Number of days to pick up _____

· Do you have any specific goals (including weight loss, colon cleansing, liver cleansing, etc.), symptoms or illnesses you hope to affect with this cleanse?

· Do you have any previous experience with juicing or fasting?

· Do you have any food allergies/intolerances or strongly dislike any specific fruits, vegetables, nuts or seeds?

· How would you rate the “cleanliness” of your diet? Do you eat a lot of fruits and veggies? Are your main sources of protein animal-based? Do you consume many refined sugars and flours?

· Do you smoke or drink regularly? How often do you consume caffeinated beverages?

· How often do you exercise? What form of exercise do you do?

· How long would you like to fast and when would you like to begin?

· Do you have any other concerns or questions to address before you begin your fast? Is there anything else we should know about you?