



## ***“A NEW BODY LIFESTYLE PROGRAMS***

(713) 639-3571 \* Web: <http://www.acwbinc.org> \* E-mail: [mail@acwbinc.org](mailto:mail@acwbinc.org)

Copyright © 2005 – 2018 A.C.W.B., Inc./A New Body Lifestyle

### **COMPREHENSIVE LIFESTYLE ASSESSMENT (CLA) CONSULTATION SERVICE**

To schedule your personally customized CLA with ***“A New Body Lifestyle (ANBL)”***, please call or email to set up your appointment, and complete the following Questionnaire prior to your appointment.

The consultations can be conducted through mail, telephone or in person. Whenever possible, the Questionnaire is to be filled out ahead of time. To make the best use of our time, bring your own list of questions and reserve an appropriate amount of time. At the meeting, our staff can help you to understand yourself better, make a recommendation for an upgrade in lifestyle, review your present supplements and diet, identify the areas that need immediate improvement, as well as directions for the future.

During the meeting, we look at each individual's details of the Questionnaire as well as at the traditional eastern vital signs and details of the body: physiology, irises, date of birth, and Acupressure points. The visuals are extremely helpful to give deeper understanding of the whole person's life patterns that brought on dis-ease; furthermore, the date of birth helps to create a clear painting of the individuals past and the anticipated future. **Your investment is \$343.00 for 55 minutes (A value of \$600.00) with cash, certified or personal checks, money order, or PayPal payment.** Clients will receive literature, lifestyle transformation program, and nutritional supplement recommendations.

**Consultation via mail:** submit the Q/A form, and whenever possible photos with Submit recent photos: 1. a frontal of face with hair removed from ears - no earrings, 2. a side photo with ears showing and (3) a close-up of the eyes. Indicate if you are left-handed. Your CLA investment is \$343.00 by certified or personal checks, money order. Make certified or personal checks, money orders payable and mail to ***“A New Body Lifestyle”*** 8544 W. Bellfort St. #208 Houston TX 77071-2208

**Consultation is also provided by SKYPE, Email or Phone.** Your investment is \$343.00 for 55 minutes with a completed questioner submitted ahead of time.

**NOTE:** If you wish a written report, that details the theory, the research and the program in relationship to your specific conditions, please send in an additional \$150. The report is approximately 6 to 20 pages long, depending on space needed to address your situation.

**NOTE:** If you wish to have a CLA conducted in the comfort of your home or office, there is a minimum \$40.00 service charge.

***“Health Care Is Self Care”*** © ***“To Heal Is To Make Happy”*** ©  
***“Perfect Health is YOUR BIRTHRIGHT – CLAIM IT!”*** ©

PLEASE ANSWER ALL QUESTIONS AND MAIL OR E-MAIL BACK **TO "A NEW BODY LIFESTYLE"** PRIOR TO YOUR CLA.

### HEALTH HISTORY REVIEW FORM

**IMPORTANT:** ALL THE INFORMATION ASKED FOR IN THIS FORM IS VITAL TO OUR FILES AND IS NEEDED TO NOTE THE PROGRESSION OF YOUR PRESENT CONDITION. ALL INFORMATION WILL BE KEPT IN STRICT CONFIDENCE. PLEASE SUBMIT FUNDS VIA MONEY ORDER, CERTIFIED CHECK, OR CASH. **THERE IS A GREAT DEAL OF TIME. CARE AND LOVE INVLOVED IN PREPARING YOUR REPORT.**

Submit recent photos, especially, (1) a frontal of face with hair removed from ears - no earrings (2) a side photo with ears showing, (3) a close-up of the eyes.

#### BASICS

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_ Country \_\_\_\_\_  
Phone (s): \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
E-mail: \_\_\_\_\_ Website: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Height (ft, in): \_\_\_\_\_ Weight (lbs) Today: \_\_\_\_\_ Weight (lbs) 1 yr. Ago: \_\_\_\_\_  
Marital status: \_\_\_\_\_ No. and ages of children: \_\_\_\_\_  
Highest Education and Major, Minor: \_\_\_\_\_  
Profession: \_\_\_\_\_  
Present Occupation: \_\_\_\_\_  
Hobbies: \_\_\_\_\_  
How did you learn about **"A NEW BODY LIFESTYLE"** products and services?  
\_\_\_\_\_  
Which health books have you read? \_\_\_\_\_  
Do you have support of family in diet/lifestyle change? \_\_\_\_\_

#### FULLY EXPLAIN:

Names and dates of most recent as well as important ailments and operations:  
\_\_\_\_\_  
What are your present physical concerns?  
When did you last consult a physician about concern(s)?  
Doctor's diagnosis: \_\_\_\_\_  
Describe treatment, prescribed medicines, pills or drugs you are taking:  
\_\_\_\_\_  
What dietary and herbal supplements you are taking? \_\_\_\_\_  
\_\_\_\_\_  
List all form of mechanical (trauma), chemical (toxins), and mental stress you have been exposed to as pertaining to your employment or lifestyles: \_\_\_\_\_  
\_\_\_\_\_

Describe fully: accident, falls, fractures, dislocations or chiropractic care: \_\_\_\_\_

Do you have any type of partial or permanent physical disability? (paralysis, wheelchair, etc.): \_\_\_\_\_

Are you following any special diet (vegetarian, vegan, fruitarian, liquidarian, etc.)? \_\_\_\_\_

What % of your diet is raw (non-cooked foods; sprouted, etc.)? \_\_\_\_\_

Vitamins: What brand, type; how many/how often? \_\_\_\_\_

Herbs & supplements: What brand, type; how many/how often? \_\_\_\_\_

What type of juices: fresh squeezed, bottled, canned; when and how often? \_\_\_\_\_

### **DETAILS ON CLEANSING AND DETOX:**

How many times fasted? \_\_\_\_\_ Do you fast yearly? \_\_\_\_\_

What type of fast? \_\_\_\_\_

What health resorts you have visited and your experience? \_\_\_\_\_

### **IF RELEVANT, GIVE DETAILS:**

Most disliked foods: \_\_\_\_\_ Favorite foods: \_\_\_\_\_

Special diet problems, explain: \_\_\_\_\_

Animal-based Dairy: \_\_\_\_\_ NON Animal-based Dairy: \_\_\_\_\_

Fats (mono-, polyunsaturated oils, avocado, nut butters): \_\_\_\_\_

Protein (Vegetable or other sources): \_\_\_\_\_

Complex carbohydrates: sprouted grains, sugar, honey (details, how often and when): \_\_\_\_\_

Seasoning, spices & salt: \_\_\_\_\_

### **EATING PATTERN:**

What is your usual breakfast & time? \_\_\_\_\_

Lunch (What, detail, when)? \_\_\_\_\_

Dinner (what type & time)? \_\_\_\_\_

Do you eat only when hungry and stomach is empty? \_\_\_\_\_

Liquids with meals - describe what type, when, how much? \_\_\_\_\_

Approximate size of meal in cups (if the whole meal was blended): \_\_\_\_\_

Number of meals or snacks (small meals) per day: \_\_\_\_\_

Snack (times/day, are you hungry?): \_\_\_\_\_

Food/beverage cravings binges (times/week, what): \_\_\_\_\_

Do you over eat and feel stuffed after meals? \_\_\_\_\_

Do you feel sleepy few hours after meals? \_\_\_\_\_

Do you eat close to bedtime & any trouble in falling asleep? \_\_\_\_\_

Do you feel hungry in the morning? \_\_\_\_\_

**LIQUID INTAKE- GIVE DETAILS:**

Juices: fresh, bottled, canned: \_\_\_\_\_

Coffee: kind, # of cups/day: \_\_\_\_\_

Tea: kind, # of cups/day: \_\_\_\_\_

Soda: kind, # of cups/cans/day: \_\_\_\_\_

Water per day, pattern, kind: spring, distilled, tap, bottled \_\_\_\_\_

Water temperature: cold, room-temperature? \_\_\_\_\_

**POTENTIAL TOXIC STRESSORS:**

Do you use alcoholic beverages (What. How often, with meals)? \_\_\_\_\_

Do you use tobacco or marijuana (now or recent) kind how often other drugs? \_\_\_\_\_

How many dental mercury amalgam fillings? \_\_\_\_\_

How many airplane journey(s) during the last 52 weeks? \_\_\_\_\_

How many hours of computer work weekly?

How many hours of Cell Phone, hand-held electronic device usage per week? \_\_\_\_\_

How much Wi-Fi, EMF and RF Radiation exposure per week? \_\_\_\_\_

What kind of clothing fabric do you wear most often? \_\_\_\_\_

**ACTIVITY DETAILS**

Exercise (what kind, how many times / week; length)? \_\_\_\_\_

Meditate, # of years? \_\_\_\_\_

Rest or nap during the day? \_\_\_\_\_ How Long: \_\_\_\_\_

Hours of sleep at night? \_\_\_\_\_ Feel refreshed in the morning? \_\_\_\_\_

How often you have bowel movement? \_\_\_\_\_ Any trouble? \_\_\_\_\_

Do you have any sexual problems? \_\_\_\_\_ Explain: \_\_\_\_\_

Do you have any mental/emotional, work stress? Explain: \_\_\_\_\_

Name of health group belong to (natural or otherwise): \_\_\_\_\_

What are your religious/spiritual beliefs/ Church Affiliation? \_\_\_\_\_

Additional information that you feel will be helpful to us in understanding you and what you expect to accomplish: \_\_\_\_\_

My signature that follows certifies that the above information is true to the best of my knowledge and that I fully understand that the program offered through **"A NEW BODY LIFESTYLE"** is solely of an educational and nutritional nature, that no diagnosis, treatment or cures of any kind are given or promised, and that I hereby enroll as a student of health of my own free will.

Today's date: \_\_\_\_\_ Signed: \_\_\_\_\_