

Wellness Assessment - QEnergy Spa

Name _____

TODAY'S DATE _____ 30 DAYS FROM NOW _____

You've made an excellent decision, which will prove to be beneficial to your good health. But to realize this, I want you to **KNOW and FEEL just how good the QEnergy Spa is for you and your body.** To do that, you need to keep a little diary. It's not an in-depth diary, just a few notes about how you are feeling today, and then taking a look at how well you feel 30 days from now after having Q2 spa treatments.

Just make a notation by areas of concern, how you feel, what is bothering you, etc.

I have or suffer from: Symptoms/Concerns

Viral & bacterial _____
Infections _____
Colds & Flu _____
Arthrosclerosis _____
Heart Conditions _____
High Stress _____
Emphysema _____
Bronchitis _____
Asthma _____
Diabetes _____

The effects of

Vigorous exercise _____
Secondhand Smoke _____
Chronic Degenerative _____
Diseases _____
Skin Problems _____
Circulatory Problems _____
Poor Concentration _____
Exposure to Bacteria _____
And Viruses _____
Plaque build up on teeth _____
Oral bacterial Infections _____
Poisonous bites & stings _____
Open Sores _____
Other _____
Other _____

In Particular

Shortness of breath _____
Memory _____
Stamina _____
Sexual desire _____
Energy Level _____
Constantly sick/ill _____
Blood Pressure _____
Other _____
Other _____
Other _____

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Got questions? Call Debbie Allen, Functional Nutritionist Phone: 319-208-1929

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