THE M'LIS COMPANY

HEALTH HISTORY FORM

Name		Referred by		Relationship Status	
Address		Age		# Of Children	
City, State, Zip		Birth Date		Physical Limitation(s)	
Phone Number		Height		Last Physical	
Email Address		Weight		Activity Level	

PERSONAL HEALTH INFORMATION (please check all that apply)

____	allergies	____	improper diet
____	arthritis	____	indigestion
____	breast feeding	____	low energy
____	cancer	____	menopause
____	cellulite	____	menstrual cramps/PMS
____	constipation	____	migraine headaches
____	diabetes	____	muscle, bone, joint problems
____	heart disease	____	overweight
____	high blood pressure	____	poor circulation
____	high cholesterol	____	pregnant
____	hypertension	____	recent surgery
____	hypoglycemia	____	smoker

DO YOU?	YES	NO
Belong to a health club		
Crave sweets		
Snack between meals		
Take medication to suppress appetite		
Take fiber supplements		

HAVE YOU?	YES	NO
Had weight reduction surgery		
Ever weighed more than your current weight		
	how much	when

Weight goals		Wkly red meat consumption		What are your health goals?	
Exercise program		Wkly alcohol consumption			
Caffeine consumption		Daily water consumption			
Current supplement consumption		Medications			
Daily meals	B L D	Allergies			
Daily raw vegetables/fruits					

1) I hereby acknowledge that the products and services were explained to me and I understand that these products are not meant to replace the services of my physician. I understand that I may be allergic to, or have a reaction to, one or more of the ingredients in the contouring cream which may result in a hive type rash.
2) If under a doctor's care and I use this information, products, or services without my doctor's approval, I am assuming full responsibility and hereby fully and forever release The M'lis Company from any and or all liability.
3) I am of lawful age and have read and fully understand the contents of this document and the complete terms and conditions herein. This agreement contains the complete agreement between the parties and no other guarantees or refunds will be given on products or services.

Signature _____ Date _____ Parent/guardian _____