

BODY GOALS

Name: _____

What is your primary dislike of your appearance?

What are your expectations from Aye Le Soin Medical Spa?

Do you workout on a regular? If so, what type of workout routine do you have and how often? If no, do you have the dedicated time to workout at least 30mins 2-3 times a week?

If purchasing a bundle or package do you have the allotted time to complete your purchase deal in the appropriate amount of time?

What is your definition of clean eating?

Do you need any help with food ideas?

Have you ever detoxed/cleansed before? If so, with what product? Was it effective? Do you need suggestions on what and where to get some? (detox/teas/juices Coming soon)

Did you ever waist train before? If so, do you still have your waist trainer? Did you have any issues with waist training before? Do you need assistance from Aye Le Soin in purchasing one for you for an extra cost? (waist trainers Coming Soon!)

Any history or complications with your bowels? Any past or chronic issues with constipation?

Females:

LMP: _____

Are you on birth control? If so what type? _____

Client Signature _____

Print Name _____ Date _____