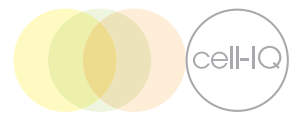


Consultation Questionnaire



Name: _____ Ph: _____

1. Do you live or work in the area? Yes No

2. Are you over 18 years of age? Yes No

3. If you were to use cell-IQ™ what 3 areas of your body would you like to work on:

- Tummy
- Back
- Arms
- Legs

4. Why is this important to you? _____

5. Will you be able to commit to at least two sessions per week? _____

6. Have you engaged in a fitness program before? _____

7. And finally, after you see your results from cell-IQ™ are you looking to maintain them?

