



Organic Rosehip Skincare



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Health Consultation Sheet

Name: _____ Age: _____

Phone: _____ Email: _____

Occupation: _____

What concerns do you currently have about your health/nutrition

1) _____

2) _____

3) _____

How many hours per night do you sleep? _____

What are your energy levels out of 10? (1 is no energy, and 10 is complete energy) _____

What are your stress levels out of 10? (1 is no energy, and 10 is complete energy) _____

How many hours days per week do you exercise? _____

How many times do you use your bowels a day? _____

Are you interested to learn about weight managements? _____

Describe your diet (on an average day):

Breakfast _____

Lunch _____

Dinner _____

Do you have any skin allergies or sensitivities? Describe: _____



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**Made in
Australia**



Do you have a history of any illness or disease? _____

Are you currently taking any medication or supplements? _____

Is there any other information you would like to add? _____

Please fill out and scan to
Email info@rosehipskincare.com
Fax +617 55239100