

ORGANIC REMEDIES BY CHAS: CUSTOMER PERSONAL EVALUATION SHEET

This form is for you the customer.

At Organic Remedies before deciding on a product to offer you, we want to ensure that our product ingredients do not interfere with your prescribed medications.

These are the questions we ask.

WHAT IS YOUR MOST IMPORTANT HEALTH CONCERN?

- Joint Pain
- Hormonal issues
- Back Pain
- Gout
- Menstrual Pain
- Nerve Pain
- Eczema
- Bone Density
- Sleep Issues
- Nutritional issues
- Varicose Veins

OTHER: PLEASE LIST: _____

DO YOU HAVE ANY ALLERGIES? If so, what are they?

DO YOU TAKE ANY MEDICATIONS? List for your personal use whenever discussing health related issues with anyone you care to share the information with.