## Clinical Study DA1 – Measurement of symptom improvement and balance ratio test

## Name:

## Email:

- 1. Are you currently on any medication?
- 2. Have either of your parents suffered from any of these health issues:
  - High/Low blood pressure
  - Heart disease
  - Stroke
  - Cancer
  - Diabetes
  - Dementia
  - Inflammatory disease (Arthritis/Psoriasis)
  - Parkinsons disease
  - Other
  - Did they smoke?
- 3. Do you suffer from any of these health issues:
  - High/Low blood pressure
  - Heart disease
  - Stroke
  - Cancer
  - Diabetes
  - Dementia
  - Inflammatory disease (Arthritis/Psoriasis)
  - Parkinsons disease
  - Other
  - Are you a smoker?
  - Do you consume alcohol?

How many units per week? 2

- How often do you exercise?
- How many glasses of water do you drink per day?
- How many hours of sleep do you get on average?
- 4. Are you currently taking any supplements?

If yes please indicate:

5.	What are the main areas of heat 2 3	alth that you would like to im	prove:
6.	If there was a test that you cou within your body which would I take it?		•
	Y/N		
7.	If this test indicated that you were imbalanced due to a lack of certain nutrients in your body, would you take measures to rectify the imbalance?		
	Y/N		
8.	Blood test result:		
9.	Recommendations		
Recommended product for reducing chronic inflammation/joint pain – Balance oil			
Re	commended product for reduci	ng anxiety/improved sleep –	·Viva+
Recommended product for gut health - Zinobiotic			
10. Follow up –			
	Product commencement	January 2025	
	Follow up	April 2025	
Pr	ogram costs		
Ва	lance test <del>\$278</del>		
Balance Oil pack including 2 blood tests <del>\$891</del>			\$335 (saving \$556)
(In	cludes 2 X 300ml oil and 2 X 100	Oml oil + 2 blood tests)	
Monthly order price <del>\$92</del>			\$61 (saving \$31)
Total cost per day over 6 months =			\$2.90