

**ANNIQUE "FOREVER HEALTHY" ASSESSMENT
SUITABLE FOR AGES 14 AND OLDER**

Full Name:

Date:

email:

Cell No.:

MALE: **FEMALE:**

Age:

BLOOD GROUP
HEIGHT (cms)
WEIGHT (kgs)

Medication:
Supplements:

SYMPTOM ANALYSIS

Tick each symptom that you are experiencing now or have experienced over the last six months.

OptiFlora

- Indigestion
- Stomach discomfort / bloating
- Diarrhoea
- Constipation
- Food allergies
- Irritable bowel syndrome
- Antibiotics in the last 3 months
- Candidiasis (thrush)

Your Score (Group 1)

OptiVite

- Easily get irritated / impatient
- Feel stressed
- Energy less now than before
- Lose concentration / mind goes blank
- Drink unfiltered water
- Eat inorganic food (bread, pasta, cake etc)
- Family history of cancer / diabetes / heart disease
- Taking any medication

Your Score (Group 2)

OptiC

- Lack of energy / fatigue
- Frequent colds / infections
- Bleeding or tender gums
- Easy bruising
- Nose bleeds
- Slow wound healing
- Red pimples on skin
- Poor skin elasticity

Your Score (Group 3)

OptiCalMag

- Muscle spasms / cramps
- Joint pain
- Tooth decay (fillings)
- Insomnia
- Poor memory
- Irregular / rapid heartbeat
- High blood pressure
- Anxiety / nervousness

Your Score (Group 4)

OptiMega

- High blood lipids - cholesterol, triglycerides
- High blood pressure
- Irregular or rapid heart beat
- Excessive thirst or sweating
- Poor memory or learning disorders (ADD, ADHD)
- Mood swings or depression
- Inflammatory problems - arthritis, asthma
- Dry skin / eczema / psoriasis

Your Score (Group 5)

OptiToniQ+

- Hyperacidity
- Heartburn / acid reflux
- Muscle cramps
- High or low blood pressure
- Gall / kidney stones
- Gout / arthritis
- Allergies
- Eczema / acne

Your Score (Group 6)

OptiRoibos

- Family history of cancer
- Family history of diabetes
- Family history of heart disease
- Signs of premature aging
- Difficulty getting rid of infections
- High blood sugar / crave sugary foods
- Allergies
- Stomach cramps / poor digestion

Your Score (Group 7)

Zerotox

- Work in a polluted atmosphere
- Drive in heavy traffic
- Drink unfiltered water
- Smoke
- Drink alcohol
- Eat in restaurants or buy take-aways
- Eat inorganic food
- Diarrhoea

Your Score (Group 8)

ANNIQUE "FOREVER HEALTHY" ASSESSMENT

OptiBoost

- Frequent colds / infections
- Unable to clear infections
- Sore throat / glands
- Body aches and pains
- Fatigue
- Allergies
- Any bacterial or viral illness
- HIV

Your Score (Group 9)

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OptiDerm

- Dry, flaky skin
- Hair loss
- Split nails, white marks on nails
- Cracked lips
- Stretch marks
- Poor skin elasticity
- Dull, oily hair
- Eczema / dermatitis

Your Score (Group 10)

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OptiCalm

- Bloodshot, gritty eyes / eye pains
- Feel guilty when relaxing
- Easily get angry or irritable
- Poor memory / concentration
- Insomnia
- Trying to get pregnant
- Headaches / migraines
- Anxiety, tension or depression

Your Score (Group 11)

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Once completed, please return to your Annique Consultant for an Assessment Result and advice on your specific supplementation needs.

Compiled by Bev Tonkin

BMT - January 2019

ANNIQUE "FOREVER HEALTHY" RECOMMENDED SUPPLEMENTATION

RECOMMENDED DAILY SUPPLEMENTATION			
GROUP NO.	PRODUCT	IF SCORE	
1	OptiFlora	Everyone	1 Capsule with a glass of warm water before bedtime
2	OptiVite	Everyone	2 Capsules with water before breakfast
3	OptiC	Everyone	2 Capsule per day away from meals (1-2 per day)
4	OptiCalMag	4 or >	1 Capsules at night before bedtime
5	OptiMega	4 or >	1 Capsule per day
6	OptiToniQ+	4 or >	16 Drops per day in unchlorinated water
7	OptiRooibos	4 or >	1 Capsule per day
8	Zerotox	4 or >	1 Capsule per day 2 hours away from medication/supplements
9	OptiBoost	4 or >	1 Capsule per day
10	OptiDerm	4 or >	1 Capsule per day
11	OptiCalm	4 or >	1 Capsule per day

SPECIAL NOTES

Thereafter 6 monthly repeats are recommended.

IF ON MEDICATION THEN PLEASE CHECK WITH YOUR MEDICAL PRACTITIONER.

Repeat the Questionnaire after 3 months to adjust to a maintenance regimen.

ASSESSED BY:

MEMBER NO:

DATE ASSESSED:

Compiled by Bev Tonkn

BMT - January 2019
