

# ADVOCARE CUSTOMER PROFILE

**Name:**  
 Sponsor:  
 Address:  
 Cell Phone:  
 Home Phone:  
 Email:  
 Best time to reach:

**Health & Fitness Goals:**  
 1.  
 2.  
 Current Size:                      Desired Size:  
 Notes:

Lifestyle Questions		Date:
Eat Breakfast?	Y N	When/What?
Eat Snacks?	Y N	When/What?
Eat Lunch?	Y N	When/What?
Eat Dinner?	Y N	When/What?
Have Cravings for?	Carbs?      Fat?	Favorite "unhealthy" food?
How much water in oz per day?		
What else do you drink?	Coffee      Coke      Alcohol      Juice	
Energy on Scale 1-10?		
When at lowest energy during day?	Morning?      Afternoon?      Evening?	
Any Health issues?		
Exercise? What:	How often?	
Move Waste Daily? (What's regular?)		
How do you sleep?	How many hours average?	
How do you feel when you wake up?		
Stress on Scale 1-10?		

Personal Information:  
 Family:  
 Occupation:  
 Recreation, Hobbies, Sports:

\_\_\_\_\_ Retail  
 \_\_\_\_\_ Wholesale @ \_\_\_\_\_%  
 \_\_\_\_\_ WS Distributor @ \_\_\_\_\_%  
 \_\_\_\_\_ Advisor Business Builder  
 How much income?

# ADVOCARE CUSTOMER FOLLOW-UP

Recommended Product Regime:

Start Date:

- Herbal Cleanse
- MNS Max 3 MaxC MaxE
- MR Shakes
- Spark
- Catalyst

Additional:

## Follow up Log

Follow up Day 2, 4 & 10 on Cleanse. Follow up Day 2, 4 & 10 MNS

\*\* make sure they take their before & after measurements \*\*

Date	Notes

Product Testimony:

Business Testimony: