



21 DAY MODEL CLEANSE Nutritional Health Profile

Your Name: _____ Phone: _____ Email: _____

Referring goDésana Member: _____ Phone: _____ Email: _____

Disclaimer: This document is for your private use should you wish to complete it. Our intent is that this guide is helpful in revealing the value and correlation of nutrition and overall health. Should you choose to create and implement a nutritional protocol, you can use this guide to monitor your results over the next six months.

Instructions: Rate each of the symptoms below, based upon your typical health profile over the past 30 days, using the following scale:

0 Never or almost never have symptom	1 Occasionally have it, effect is not severe	2 Occasionally have it, effect is severe	3 Frequently have it, effect is not severe	4 Frequently have it, effect is severe				
Head		Heart		Ears		Mind		
<input type="checkbox"/> Headache	<input type="checkbox"/> Irregular or skipped beat	<input type="checkbox"/> Ears itch	<input type="checkbox"/> Poor memory	<input type="checkbox"/> Stuttering or stammering	<input type="checkbox"/> Faintness	<input type="checkbox"/> Rapid or pounding heart	<input type="checkbox"/> Earaches, ear infections	<input type="checkbox"/> Poor concentration
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Drainage from ear	<input type="checkbox"/> Slurred speech	<input type="checkbox"/> Poor physical coordination	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Total	<input type="checkbox"/> Ringing in ears, hearing loss	<input type="checkbox"/> Learning disabilities
<input type="checkbox"/> Total	<input type="checkbox"/> Total	<input type="checkbox"/> Total	<input type="checkbox"/> Total	<input type="checkbox"/> Total	Digestive Tract		<input type="checkbox"/> Difficulty in making decisions	<input type="checkbox"/> Confusion, poor comprehension
Eyes		Weight		Skin		Emotions		
<input type="checkbox"/> Watery or itchy eyes	<input type="checkbox"/> Nausea, vomiting	<input type="checkbox"/> Acne	<input type="checkbox"/> Mood swings	<input type="checkbox"/> Anxiety, fear, nervousness	<input type="checkbox"/> Swollen, red or sticky eyelids	<input type="checkbox"/> Belching, passing gas	<input type="checkbox"/> Hives, rashes, dry skin	<input type="checkbox"/> Anger, irritability, aggression
<input type="checkbox"/> Bags or dark circles under eyes	<input type="checkbox"/> Heartburn	<input type="checkbox"/> Hair loss	<input type="checkbox"/> Depression	<input type="checkbox"/> Total	<input type="checkbox"/> Blurred or tunnel vision	<input type="checkbox"/> Bloating feeling	<input type="checkbox"/> Flushing, hot flashes	<input type="checkbox"/> Total
<input type="checkbox"/> Total	<input type="checkbox"/> Intestinal/stomach pain	<input type="checkbox"/> Excessive sweating	Lungs		<input type="checkbox"/> Canker sores	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Chest congestion	<input type="checkbox"/> Frequent illness
Mouth/Throat		<input type="checkbox"/> Constipation	<input type="checkbox"/> Total	<input type="checkbox"/> Asthma, bronchitis	<input type="checkbox"/> Chronic coughing	<input type="checkbox"/> Total	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Frequent or urgent urination
<input type="checkbox"/> Frequent need to clear throat	Energy/Activity		Joint & Muscles		<input type="checkbox"/> Sore throat, hoarseness	<input type="checkbox"/> Fatigue, sluggishness	<input type="checkbox"/> Difficulty breathing	<input type="checkbox"/> Genital itch or discharge
<input type="checkbox"/> Discolored tongue, gums or lips	<input type="checkbox"/> Craving certain foods	<input type="checkbox"/> Pain or aches in joints	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Total	<input type="checkbox"/> Canker sores	<input type="checkbox"/> Apathy, lethargy	<input type="checkbox"/> Feeling of weakness or tiredness	<input type="checkbox"/> Total
<input type="checkbox"/> Total	<input type="checkbox"/> Excessive weight gain	<input type="checkbox"/> Total	<input type="checkbox"/> Joint stiffness	Nose		<input type="checkbox"/> Water retention	<input type="checkbox"/> Pain or aches in muscles	
Nose		<input type="checkbox"/> Underweight	<input type="checkbox"/> Total	<input type="checkbox"/> Excessive mucus formation	<input type="checkbox"/> Stuffy nose	<input type="checkbox"/> Hyperactivity	<input type="checkbox"/> Feeling of weakness or tiredness	
Nose		<input type="checkbox"/> Total		<input type="checkbox"/> Total	<input type="checkbox"/> Sinus problems	<input type="checkbox"/> Restlessness	<input type="checkbox"/> Total	
Nose					<input type="checkbox"/> Hay fever	<input type="checkbox"/> Total		
Nose					<input type="checkbox"/> Sneezing attacks			
Nose					<input type="checkbox"/> Excessive mucus formation			
Nose					<input type="checkbox"/> Total			

6 MONTH HEALTH Journal

Month 1 Total	Month 2 Total	Month 3 Total	Month 4 Total	Month 5 Total	Month 6 Total
<input type="checkbox"/> 0-4 Points	<input type="checkbox"/> 0-4 Points	<input type="checkbox"/> 0-4 Points	<input type="checkbox"/> 0-4 Points	<input type="checkbox"/> 0-4 Points	<input type="checkbox"/> 0-4 Points
<input type="checkbox"/> 5-50 Points	<input type="checkbox"/> 5-50 Points	<input type="checkbox"/> 5-50 Points	<input type="checkbox"/> 5-50 Points	<input type="checkbox"/> 5-50 Points	<input type="checkbox"/> 5-50 Points
<input type="checkbox"/> > 50 Points	<input type="checkbox"/> > 50 Points	<input type="checkbox"/> > 50 Points	<input type="checkbox"/> > 50 Points	<input type="checkbox"/> > 50 Points	<input type="checkbox"/> > 50 Points

goDésana Products Used	1	2	3	4	5	6	goDésana Products Used	1	2	3	4	5	6	goDésana Products Used	1	2	3	4	5	6
Align Essential Oil Blend							Dry Brushing Powder							Pink Himalayan Salt						
Bokek Premium Dead Sea Salt							Fractionated Coconut Oil							Silver beSafe						
Calm Essential Oil Blend							Ginger Root Essential Oil							Sip & Slim Herbal Green Tea						
Cell Vitality							Green Vitality							Slimmer Essential Oil Blend						
Cellular Herbal Tea							HepaDetox Essential Oil Blend							Smooth Vitality						
Clay Vitality Detox Powder							L-Stimulate Essential Oil Blend													
Cleanse Herbal Tea							Lavender Chamomile EO Blend													
Cleanse Vitality							Lemon Essential Oil													
Clear Essential Oil Blend							Lemongrass Essential Oil													
Detox Herbal Tea							Magnesium beCalm													