



Wellness APEX™

Forms for Dietary Record Analysis (DRA) Solution

Thank you, and Congratulations!

You've taken an important step forward in taking as much control over your health as possible. We can't change our genes. We can't erase certain disease diagnoses. But we can give our bodies what they need to do the best job only they know how to do to guide us toward healing and living our **fullest, healthiest, most vital** lives.

Optimal health is not "one size fits all". It's individual, unique, and something **only you** have in common with **you**. But we do share similar biologies, and our bodies all needs specific nutrients in order to handle specific day to day tasks.

Fortunately, with this commitment to understanding your current potential for nutrient deficiencies, you are taking the important step toward giving your body what it's specifically asking for from you. This Wellness APEX™ - Dietary Record Analysis (DRA) will provide you with significant information to help you address vital areas of health - areas you may not have known even existed until you see your results. Your results will require taking the next step, further commitment to implementing a sometimes small and sometimes large shift in diet and lifestyle, but we encourage you to take these one or two at at time.

Your Wellness APEX™ results will come with clearly defined dietary adjustments you can choose to implement - or not. But unlike the majority of people who want to do better - *you will know how*, and you will know how to do better *specifically* for your body. That's great news!

Let us clearly state that your Wellness APEX™ is *not* meant to be a substitute for your healthcare practitioner and it will not offer medical advice. That's for your doctor to do. Your Wellness APEX™ is an educational tool shaped by your input: and your dietary information and subsequent DRA will reveal how your individual body is able to absorb and utilize the nutrients you're giving it (or not). We believe education is a primary step, and through understanding we each become more aware, more confident, and more empowered to engage in our own health at levels we haven't before and in ways we didn't know we could.

Now it's time to keep this momentum going. Please **completely** fill out these forms to the best of your ability and follow the directions on each form. Send us the completed forms as soon as possible, and no later than 10 days. Once we receive your forms, you will receive a confirmation email, and we can begin processing your Wellness APEX™. Please allow up to 3 weeks for processing. **NOTE:** With the numbers of clients currently engaging in their own Wellness APEX™, we are adhering to a strict 10 day submission. If your submission is later, it will be place at the end of the list - and may take several additional weeks to be completed, so it's important to please send your forms within 10 days!

And now, let's begin! Here's to **your** WellnessMe.Life!

CLIENT PROFILE

NAME	
DATE OF BIRTH	
HEIGHT	
WEIGHT	
GENDER	

CURRENT SUPPLEMENTS

Please list all current supplements by Brand, Supplement/Nutrient, Dose and Frequency. If you need additional space please attach another sheet with the remainder. Supplements will affect your total nutrient levels, so it's important to be as detailed on this section as possible.

BRAND	SUPPLEMENT/NUTRIENT	DOSE	FREQUENCY
EX: Centrum Silver	Multivitamin/ Multimineral	N/A	1 tablet daily
EX: Solar Liquid Natural Orange	Vitamin D3	5000 IU	0.5mL 2x daily, 1 AM, 1 PM
EX: Dr. Mercola	Liposomal Vitamin C	1000 mg	2 capsules daily - AM

Once completed, please send all forms to:

email: APEX@WellnessME.Life or Mail: WellnessME.Life
ATTN: APEX Solutions
1275 66th St. N, Suite 40778
St. Petersburg, FL 33743

Detailed Instructions for the 3 Day Food Log

Please follow these directions as accurately as possible, *everything* is important. Please use 2 weekdays and 1 weekend to complete your food log.

1. **List the brand names or specific food types when possible.**

Examples: Kraft Salad Dressing Creamy Caesar Lite - NOT, "caesar salad dressing".
Nestle Coffee Mate Original non-dairy creamer - NOT, "cream."

2. **List the amount of food eaten using measurements as possible**

(oz, cup, fluid ounce, tablespoon, slice, 5 nuts, 1/2 apple, etc).

3. **State how food was prepared**

(grilled, blackened, fried, raw, chopped, boiled, etc).

Example #1: Mixed Salad w/salmon - 2 cups chopped romaine lettuce, 1/2 medium tomato, 1 small celery stalk, 5 slices cucumber, 2 tbsp Kraft Salad Dressing Creamy Caesar Lite, 1/2 cup Texas Toast Garlic Croutons, 3 oz grilled salmon (no marinade) in 1 tbsp Newman's Extra Virgin Olive Oil.

Example #2: 1 medium baked potato - 1 tbsp Kerrygold Pure Irish Butter (grass-fed), 1 tsp chives, dash of table salt and pepper

Restaurant eating: Please list the main dish meal and as many ingredients as you can identify from the menu and observation.

Record as you consume for greater accuracy.

Did you remember?

To list any supplements taken today?

To add how much water you consumed?

To list any alcohol you consumed?

To include all snacks?

Name:				DATE:
3 Day Food Log				
Mealtime	Food Item (Include preparation - baked, boiled, grilled, fried, type of oil added, etc)	Brand Name (if applicable)	Quantity (oz, fluid ounce, cup, tsp, tbsp, etc)	Comments (for clarification if needed)
Day 1				
SUPPLEMENTS	DID YOU TAKE ANY SUPPLEMENTS TODAY? IF YES, PLEASE INDICATE WHICH AND HOW MANY.			
BREAKFAST				
LUNCH				
DINNER				
SNACKS (AM or PM?)				
WellnessME.Life Notes: (Please leave blank, admin only. v6.18)				

Name:				DATE:
3 Day Food Log				
Mealtime	Food Item (Include preparation - baked, boiled, grilled, fried, type of oil added, etc)	Brand Name (if applicable)	Quantity (oz, fluid ounce, cup, tsp, tbsp, etc)	Comments (for clarification if needed)
Day 2				
SUPPLEMENTS	DID YOU TAKE ANY SUPPLEMENTS TODAY? IF YES, PLEASE INDICATE WHICH AND HOW MANY.			
BREAKFAST				
LUNCH				
DINNER				
SNACKS (AM or PM?)				
WellnessME.Life Notes: (Please leave blank, admin only. v6.18)				

Name:				DATE:
3 Day Food Log				
Mealtime	Food Item (Include preparation - baked, boiled, grilled, fried, type of oil added, etc)	Brand Name (if applicable)	Quantity (oz, fluid ounce, cup, tsp, tbsp, etc)	Comments (for clarification if needed)
Day 3				
SUPPLEMENTS	DID YOU TAKE ANY SUPPLEMENTS TODAY? IF YES, PLEASE INDICATE WHICH AND HOW MANY.			
BREAKFAST				
LUNCH				
DINNER				
SNACKS (AM or PM?)				
WellnessME.Life Notes: (Please leave blank, admin only. v6.18)				