



Cinch Inch Loss Plan Assessment Form

You need to get familiar with the Cinch Program by listening to a detailed recorded call prior to joining this Weight Loss Plan. Listen to this call anytime (24 hours) at 212-990-6275. This call will give you enough information to make an educated decision to be sure that the Cinch Program is for you.

Have you tried other Diet programs before?

Weight Watchers Atkins Herbalife O/A
 South Beach Balance Zone Chef Others

Why do you think your previous attempts at dieting didn't work?

Lack of coaching or support Always hungry/intense food cravings
 Plan was too complicated Didn't like the mandatory food choices

What is your primary reason for wanting to lose weight at this time? _____

Please review the following health concerns that may hinder your weight loss. If addressed in advance we can then better assist you in reaching your weight loss goals.

If symptom does not apply, leave blank. Otherwise place 1, 2, 3, on line to the left of symptom.

1 for Mild or Infrequent – 2 for Moderate – 3 for Severe or Frequent

Digestive Disorders:

- Constipation Heartburn Acid Reflux Ulcers Hiatus Hernia

Glucose:

- Diabetes Hypoglycemia

Hormones:

- Hormonal Issues: Explain Here _____ Pregnant Lactating _____

Fatigue & Headaches:

- Tire Easily after Meals Overall Sugar Craving Headaches

When you complete this Assessment Form please Fax Both pages to me at
1-877-248-8191 and I will contact you soon after.
(If you have no access to a fax machine you can contact me at 1-877-248-8191.)