

Supplement Evaluation

Name:

Date:

Email address:



Do you currently follow any of the following dietary plans?

- Keto
- Gluten-free
- Non-GMO/Organic
- Paleo
- Vegetarian
- Vegan
- Other Explain:.....

Please Complete the following chart if you do take supplements.

Please include protein powders or other forms of fortified foods (ie - Nutritional Shakes)

Name & Brand of Supplement	How Often?	Why?	How long have you been taking them?

Do you prefer your supplements in any specific format?

- Powders
- Chewies/Gummies
- Capsules
- Sprays
- Liquids

Any allergies to be aware of?.....