



Optimal Health & Wellness Center, Ltd.

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Mid Point Cleanse

To the Patient: Please answers the following questions to the best of your ability. Your answers will allow the doctor to assist you in modifying your cleanse to provide your best possible outcome.

1. Are you eating twice as many vegetables as fruits? Yes _____ No _____
2. Are you drinking a minimum of 2 shakes daily? Yes _____ No _____
3. How many shakes on average are you consuming? 2x/day _____ 3x/day _____ 4x/day _____ 5x/day _____
4. Are you having one or more bowel movements daily? No _____ Yes _____
5. If yes, please indicate the number of bowel movements daily. 1x _____ 2x _____ 3x _____
6. Are you tending toward: Constipation _____ Diarrhea _____ Does not apply _____
7. What type of water are you drinking? Spring _____ Mineral _____ Distilled _____ Filtered _____ Tap _____
8. Please indicate your water intake by circling the number of 8 oz water glasses you are drinking daily.
1 2 3 4 5 6 7 8 9 10
5. Are you doing light exercise daily (eg walking, stretching, etc.)? Yes _____ No _____
6. If yes, how many times of the week? 2-3x's _____ 3/4x's _____ 4/5x's _____
7. If you are diabetic, are you monitoring your blood sugars daily? Yes _____ No _____ Does not apply _____
8. Are you doing any other purification techniques? (eg Far Infrared sauna, steam/dry sauna, massages, epsom salt baths, regular baths, biocleanse foot-baths, etc.) Yes _____ No _____ If yes, which techniques? _____
9. I would like to add 3 sessions of the Far Infrared sauna or biocleanse footbath to use during the remainder of my cleanse for the special price of \$96 -(regularly \$120.00). Yes _____ No _____
10. Remember, only 1/4 cup of raw almonds, half an avocado or 1/2 sweet potatoe daily. No other nuts, nut butters, soy, dried fruits, soda, full strength fruit juices, sugar, (stevia is acceptable) allowed. Eliminating coffee is ideal, however, if you must, 1/2 cup of organic black coffee is permissible.

Patient Signature: _____ Date: _____