SYNERGY ELITE HEALTH LIFESTYLE SYSTEM

LIFESTYLE SYSTEM - SUGGESTIONS

Name ______________________ Phone ______________________

Email ______________________ Date ______________________

PURIFY - FIRST STEP

Our Purify programme is the ideal way to start your journey to Elite Health. Repeat Purify as Recommended

☐ Purify Kit

BIOME CORE

To continue resetting your Microbiome.

☐ Biome Shake ☐ Biome Actives ☐ Biome DT

FORTIFY + PROTECT

LIFESTYLE ANALYSIS

Focus on one or two systems for a three month period and then complete another LIFESTYLE ANALYSIS to determine which systems need strengthening. Good health starts with healthy digestion, therefore if the Digestive or Intestinal systems are showing as BELOW AVERAGE or POOR, we recommend choosing products related to these systems first.

SYSTEM	DIGESTIVE	INTESTINAL	CIRCULATORY	NERVOUS	IMMUNE	RESPIRATORY	URINARY	GLANDULAR	STRUCTURAL/ SKIN
VERY GOOD									
GOOD									
BELOW AVERAGE									
POOR									

RECOMMENDED PRODUCT PROGRAMMES

SYSTEM	DIGESTIVE	INTESTINAL	CIRCULATORY	NERVOUS	IMMUNE	RESPIRATORY	URINARY	GLANDULAR	STRUCTURAL/ SKIN
BASIC PROGRAMME	Phytolife	Body Prime	ProArgi-9+	ProArgi-9+	Mistify or ProMun	Mistify or ProMun	ProArgi-9+	ProArgi-9+ or e9	FL-3X
OPTIMAL PROGRAMME	Biome Actives PhytoLife Biome Shake	Body Prime PhytoLife Biome DT	V3	V3 Body Prime	V3	V3	V3	V3	FL-3X ProArgi-9+

Contact me ______________ Date of next LA ______________ Date of next Purify ______________

DISCOVER THE LIFESTYLE ANALYSIS

YOUR KEY TO OPTIMUM HEALTH

SYNERGY leave a legacy

SYNERGY ELITEHEALTH LIFESTYLE SYSTEM

QUESTIONNAIRE

Name ______________________ Phone ______________________

Email ______________________ Date ______________________

Read each of the statements listed below and tick all the boxes in the row of those that apply to you. When you're finished, write the total for columns A – I in the boxes at the bottom of this page.

STATEMENT	A	B	C	D	E	F	G	H	I
Would you like more energy	☐		☐	☐	☐		☐		
Frequent ill health (once/twice yearly)					☐				
Body odour and/or bad breath	☐	☐				☐	☐		
Difficulty digesting certain foods	☐				☐				
Eat red meat at least twice weekly		☐	☐			☐			
Problems with monthly cycle (female)		☐					☐	☐	
Use of antibiotic/medication (last 3 years)		☐			☐				
Regular alcohol consumption				☐				☐	
Mood swings				☐				☐	
Food allergies	☐				☐	☐			
Dark circles under eyes			☐	☐			☐		
Smoking (including passive)			☐	☐		☐			
Poor concentration or memory			☐	☐				☐	
Poor resistance to unhealthy conditions	☐				☐				
Discomfort after eating	☐				☐				
Stressful lifestyle		☐	☐	☐				☐	
Skin problems	☐	☐					☐	☐	☐
Crave sweets/processed foods				☐				☐	
Consume dairy products		☐				☐			
Feeling low, or apathy		☐		☐				☐	
Inadequate/restless sleep				☐				☐	☐
Menopausal concerns (female)				☐				☐	☐
Urination problems							☐		
Brittle fingernails	☐								☐
Hair loss			☐	☐				☐	☐
Bad Fats/Cholesterol issues	☐	☐	☐						
Difficulty in maintaining ideal weight				☐	☐			☐	☐
Lack of stamina			☐			☐		☐	
Poor eating habits	☐	☐						☐	
Slow recovery from poor health		☐	☐					☐	
Irregular/infrequent bowel activity	☐	☐		☐					
Edgy/unable to relax/tension				☐				☐	
Low fibre diet (less than 30 grams/day)		☐	☐						
Muscle discomfort			☐	☐					☐
Dry/damaged/dull hair	☐						☐		
Exposure to air pollution					☐	☐			
Sleepiness when sitting			☐					☐	
Lack of appetite	☐			☐				☐	
Drink 2+ cups of tea, coffee, cola a day				☐				☐	☐
Feeling out of control				☐	☐			☐	☐
Food/chemical sensitivities	☐	☐			☐				
Problems with yeast/fungus	☐	☐			☐				
Muscle /joint discomfort or weakness	☐	☐	☐	☐	☐				☐
Excessive worry	☐			☐					
Easily irritated/angered		☐		☐				☐	
Insufficient exercise		☐	☐	☐	☐			☐	☐
Problems with congestion/mucus		☐				☐			

NOW TRANSFER YOUR COLUMN TOTALS
to the graph on page 2. Circle the corresponding number in each alphabetical column A - I.

COLUMN TOTALS

SYNERGY ELITEHEALTH LIFESTYLE SYSTEM

YOUR RESULTS

SUGGESTIONS

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