

Your Anti-Aging Fitness Prescription Success Story

Step One

- Please complete the following information:

Name:
Address:
City, State, Zip:
Email:

- Send a photo of yourself, this will be your “before” photo: 3604 Raymond Street, Chevy Chase, MD 20815 or email this form with an attached digital photo to: tracy@wellnesstowork.com
- Sign the disclaimer form on page two. Evaluate your current level and your goals.

Gauge your pain, energy and stress level as follows:

Pain: 0, no pain, 5, moderate pain, 10, a trip to the emergency room

Energy: 1, excellent energy levels, 5, moderate energy, 10, almost no energy to do anything

Stress: 1, reasonable stress that you can control, 5, moderate stress, 10, uncontrolled severe stress

If you don't have some or all of these blood test results, please leave this part blank.

Your Current Level	Your Goal	Your Eight-Week Success
Weight (lbs):	Weight (lbs):	Weight (lbs):
Thigh girth (inches):	Thigh girth (inches):	Thigh girth (inches):
Arm girth (inches):	Arm girth (inches):	Arm girth (inches):
Waist girth (inches):	Waist girth (inches):	Waist girth (inches):
Pain level: 0 1 2 3 4 5 6 7 8 9 10	Pain level: 0 1 2 3 4 5 6 7 8 9 10	Pain level: 0 1 2 3 4 5 6 7 8 9 10
Energy level: 0 1 2 3 4 5 6 7 8 9 10	Energy level: 0 1 2 3 4 5 6 7 8 9 10	Energy level: 0 1 2 3 4 5 6 7 8 9 10
Stress level: 0 1 2 3 4 5 6 7 8 9 10	Stress level: 0 1 2 3 4 5 6 7 8 9 10	Stress level: 0 1 2 3 4 5 6 7 8 9 10
Pain location(s):	Pain location(s):	Pain location(s):
Sleep (hours): 4 5 6 7 8 9 10	Sleep (hours): 4 5 6 7 8 9 10	Sleep (hours): 4 5 6 7 8 9 10
Total cholesterol:	Total cholesterol:	Total cholesterol:
LDL: HDL:	LDL: HDL:	LDL: HDL:
Blood Pressure:	Blood Pressure:	Blood Pressure:
Hemoglobin A1C:	Hemoglobin A1C:	Hemoglobin A1C:
Fasting blood sugar:	Fasting blood sugar:	Fasting blood sugar:

4. Fax page 1 and page 2 to 301-657-4437 or save this document and attach it to an email and send to tracy@wellnesstowork.com .

Step Two

Read the book. Follow the eight-week Anti-Aging Fitness Prescription beginning on page 166 in the book.

Step Three

1. Evaluate your eight-week success. Fax page one to 301-657-4437 or email to: tracy@wellnesstowork.com .
2. Send an “after” photo: 3604 Raymond Street, Chevy Chase, MD 20815 or email the photo to: tracy@wellnesstowork.com .

Disclaimer:

All forms of exercise pose some inherent risks. The information in the book is meant to supplement, not replace, proper exercise training. Before practicing the exercises in this book, be sure that your equipment is well maintained. Do not take risks beyond your level of experience, training, and fitness. The exercise and dietary programs in this book are not intended as a substitute for any exercise routine or treatment or dietary regimen that may have been prescribed by your doctor. As with all exercise and dietary programs, you should get your doctor’s approval before beginning. The authors, editors, and publisher advise readers to take full responsibility for their safety and know their limits.

I plan to participate in this program at my own discretion, I understand this disclaimer and I will not hold the authors, editors or publisher liable for any personal injury or illness.

I give permission for my photo, first name, city, state and health parameters (see number 3 in step 1) to be posted to the website, www.antiagingfitnessrx.com.

Your signature

Date:

Author signature

Date:

Author signature

Date: