

Health Analysis

Hi (name). Thank you for honoring your appointment time. Before we get started, I just want to ask you, did you receive your bonus link to the Alkaline Program?

Have you had a chance to take a look at the video there and go through the questions to assess whether or not you are acidic?

What were your results?

It's really eye opening, isn't it?

Now tell me, the videos that I sent you just before this call, have you had a chance to watch them? Tell me (name), what did you like best about what you saw? What resonated with you?

They are very powerful, aren't they?

Okay, so as we get started here, I just want to let you know that our role is not to replace the work of your health care provider, diagnose, treat, cure or prevent any disease. We are just going to do a personal health analysis and ask some questions to see how we can best support you in reaching your health and lifestyle goals. Sound good?

PERSONAL INFORMATION

Mobile Phone: _____ Home: _____

Email: _____ Facebook Friend _____

Birthdate: _____ Live Currently: _____

Time Zone:

1. What health and wellness goals are you looking to create for yourself (name)? Let them list what is important to them first.

2. (Name), tell me why is that important to you right now?

3. How long have you wanted to achieve that (restate goal) ?

4. How serious or committed are you about achieving that goal on a scale of 1-10? If they are 8 or above continue. If less than 8, let them know that you only work with people who are

serious. Let them know that you would love to help them when they are ready and they can message you when they are and let them go. Book a f/u.

5. What have you tried in the past to reach that goal?

6. Who else has watched you struggle to reach that goal?

REVIEW OTHER GOALS

(If not already covered in above section and circle those applicable)

WEIGHT: Would you like your weight to be different?

If so, how much would you like to gain / lose?

When were you last at your ideal weight?

When did you feel your best?

DIGESTION: Do you have problems with digestion or belly bloating? Since when?

What seems to make it worse/ better?

ENERGY: What is your energy like?

SLEEP: What is your sleep like?

STRESS: How much is stress a factor in your life?

What is causing your stress?

FITNESS: Do you exercise? How often?

Would you like it to be different?

Do you have fitness goals?

Personal Health Analysis

7. Do you have any health challenges or allergies?

8. Do you take medications, vitamins or supplements?

FOOD INFORMATION

What is your food like these days?

3 meals and snacks; skip meals; grab and go... ?

What percentage of your food is home-cooked?

How often do you eat out?

Where do you buy most of your food currently?

Do you drink coffee? Energy drinks? Soft drinks? Alcohol? Water?

Do you crave sugar, coffee, cigarettes, or have any major addictions?

SOCIAL INFORMATION

Relationship status:

Children (name/ages):

Pets:

List at least 2 family and/or friends who will be supportive of your desire to make food and/or lifestyle changes?

What do you currently do for a living (name)?

Hours of work per week?

What do you love about what you do?

This has been so helpful (name). We have learned about your goals and some of your challenges in achieving these goals. Now I want to invite you to learn about some of the benefits of following through with the 12 Week Total Health and Wellness Transformation Program and how this program can help you achieve those goals. Do I have your permission to share with you how we do this?

(they will most likely say yes here)

Great! So our program can help you to...

...have younger looking skin for years to come

...lose weight permanently, naturally and look great

...have more energy

...sleep better at night to come

...live a toxic/chemical free life

...reduce your toxic load

...replace your medicine cabinet with organic essential oils

So that you....

Don't have to feel stressed or sad that you are aging faster than you want to be...

Don't have to feel embarrassed in a bathing suit when you are at the beach or pool

Don't have to struggle over what to wear to an important event

Don't have to struggle to find clothes that fit you just right

Don't have to feel that you are missing out on life because you are too tired to do things

No longer have to feel confused and overwhelmed about what products are safe to use around your family and your pets.

Don't have to resort to toxic chemicals for taking care of your family and for adding delicious scents to your home

I AM GOING TO DIRECT YOU TO SOME INFORMATION SO YOU CAN GET AN OVERVIEW OF HOW OUR SOLUTIONS WILL HELP YOU TO ACHIEVE YOUR GOAL AND WHY OUR PROGRAM WORKS. ARE YOU AT YOUR COMPUTER AND DO YOU HAVE TIME TO VIEW IT RIGHT NOW?

If yes, bring them to YOUR Essante Website. Invite them to take a look at the join packs and explain to them how the pack that you recommend for them, based on their desires and goals is the best pack for them to reach their goals. Remind them, that included with the cost of their pack is

- 1) Recordings of all 12 calls in the 12 Total Health & Wellness Program that are theirs to download and keep forever.
- 2) Group Coaching and accountability support in our private forum from our team of holistic health practitioners and wellness warriors.
- 3) A step by step 12 week transformation program with weekly handouts and assignments that they can do to guide them to achieving their health and wellness transformation
- 4) An opportunity to win a \$500.00 Essante Organic Shopping Spree! The winner will be decided based on their before and after photos, measurements, but mostly on their own 1 page essay of how this transformation program has impacted and changed their life.
- 5) Recipes they can download and save
- 6) 7 Day Green Smoothie Challenge with recipes for you and the entire family

Now, can I ask you, after everything that you have seen and after completing your health analysis, where are you on a scale of 1-10 for being ready to get started today? (8-10 indicates

they are ready and you can really just take their enrollment, guide them through the website, what pack you recommend for them and how they can enroll).

If they are 1-7, this is your next step –

Response

That's great! I appreciate your honesty and again, I just wanted you to know that I only work with people who are an 8-10. What questions do you have that I can answer for you that would help move that number of the scale towards an 8-10?

Whatever questions they have your response is – perfect, great, okay.

If I could send you some information that would answer that question for you, would you take a look?

They should respond with 'yes'.

Perfect, when do you think you could take a look? (ie, Tuesday at 4pm)

Great. So if call you back Tuesday at say 4:30, you will have had a chance to take a look?

Respond – “yes”.

Wonderful. I will send you the link on Tuesday at 4 and I look forward to talking to you again on Tuesday at 4:30. In the meantime, we will have an information call this Friday at 6:00pmPST. It's a short 15 minute call to introduce you to what this program is and to answer any questions for you. If I send you the link for that, would you be able to make the call?

Yes or no

Yes – send them the link immediate –its going to be posted in the Event Page for the Transformation Program

No – no worries, I'll get the other info to you and look forward to following up (at their appointment time).

Have a great day (name). I look forward to connecting with you again.