

MINDOLOGY EMPOWERMENT 3-Day Water Fast

Clinic Intake Form

Thank you for your interest in the **3-Day Water Fast Clinic with Dr. Troy Byer and the Mind Champs!** This form helps us determine if this program is a good

fit for you and understand your personal goals. Please answer all questions honestly. Your responses are confidential.

Personal Information

- **Full Name:** _____
- **Email:** _____
- **Phone Number:** _____
- **Age:** _____
- **Emergency Contact (Name & Phone):**

Health & Medical History

1. **Do you have any pre-existing medical conditions?** (e.g., diabetes, heart disease, eating disorders, kidney issues, etc.)
 - Yes
 - No
 - If yes, please specify: _____
2. **Are you currently taking any medications?**
 - Yes
 - No
 - If yes, please list: _____
3. **Have you ever experienced complications from fasting before?**
 - Yes
 - No
 - If yes, please describe: _____
4. **Have you consulted with a medical doctor and received approval to participate in this water fasting program?**
 - Yes
 - No (If no, & on medications, please consult your doctor before proceeding.)
5. **Do you have a history of eating disorders or other conditions that may be impacted by fasting?**
 - Yes
 - No
6. **Are you pregnant, nursing, or trying to conceive?**
 - Yes
 - No
7. **Are you able to remain physically and mentally present for the full duration of the program?**

- Yes
 - No
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Fasting Goals & Intentions

8. **What is your primary reason for participating in this water fast?** (Select all that apply)

- Weight loss
- Mental clarity & focus
- Emotional healing
- Spiritual growth
- Reset metabolism
- Improve digestion & gut health
- Detoxification & cellular repair
- Other: _____

9. **What challenges do you anticipate facing during this fast?**

- Hunger cravings
- Low energy
- Emotional triggers
- Doubt/self-sabotage
- Other: _____

10. **What is one major goal you hope to accomplish by the end of this fast?**

- _____

11. **Do you have any concerns about fasting that you would like addressed before starting?**

- _____
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Acknowledgment & Consent

By submitting this form, you confirm that you have answered all questions truthfully. You acknowledge that this program is for emotional support only, and if you are on medication that you have consulted with a licensed medical professional regarding your participation. You understand that Dr. Troy Byer and her team are not medical doctors and will not provide medical advice. Please mail this form [to support@MindologyEmpowermentAcademy.com](mailto:support@MindologyEmpowermentAcademy.com)

I acknowledge and accept the terms of participation in the 3-Day Water Fast Clinic.

Signature (Type Full Name): _____

Date: _____

