

Client Follow Up Form

Name: _____ Best Phone # _____

IF YOU RUN OUT OF ROOM, Please turn the page over and write on the back ☺

1) What **specifically** do you want to accomplish with your health and fitness in the next few weeks? What are your goals? Current Weight: _____ Goal Weight: _____

1. _____
2. _____
3. _____

2) What are some **specific** Long term goals? Weight: _____ Goal Weight: _____

1. _____
2. _____
3. _____

3) Why are those goals important to you? What is your SO THAT? (I want to lose 15 pounds So THAT....)

So That _____

So That _____

So That _____

4) How committed are you to achieving your goals on a scale of 1-10? What makes you say that number?

Current Lifestyle Questions

Eat Breakfast Daily? Yes / No
Typical Breakfast: _____

8-10 cups water daily? Yes / No
Eat out often? Yes / No

Eat Morning/Afternoon snack Yes / No
Skip meals frequently? Yes / No

Get "munchies" at night? Yes / No
Day or Night Eater? Day / Night

Crave sweets/sugars? Yes / No
Crave Carbohydrates? Yes / No

Drink coffee, tea, or soda? Yes / No
Fight fatigue all day? Yes / No

Get an afternoon "low"? Yes / No
Tired in the early evening? Yes / No

Have dieted on and off? Yes / No
Eat for comfort? Yes / No

Feel "too full" after meals? Yes / No
Wake up hungry? Yes / No

Familiar with food categories: Yes / No
My favorite food(s) that I consider "unhealthy" are:

Address: _____

City/State/Zip: _____

Best Time to be reached: _____

Prefer to be reach by phone/text? _____

What is your desired outcome in order of importance? Number the items 1-4 (1 is highest)

Fat Loss _____

Overall Wellness _____

Better Workouts _____

Increase Energy _____

Are You Currently under a physician's Care for a medical condition? If yes, explain.

Sensitive to Absorption? Typically you would this is something you would already have been told by a Doctor that you have. Yes / No

Currently exercise 3X Weekly? Yes / No

Have a daily bowel movement? Yes / No

Date	COACH- Follow-Up Log / Tracking Results / Product Adjustments
Day #2/3 Text/ Call	
Day #6/7 Text/ Call	
Meeting #2	
Day #12/13 Text/ Call	
Day #16/17 Text/Call	
Meeting #3	

Fill OUT at END OF MEETING

Which Program option?

Start Date: July 12th

Optional Start Date: _____