Client Follow Up Form

Name:	Best Phone #Zip:		
Address:		City:	Zip:
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 28 Days? What are your goals? Current Weight: Goal Weight: Goal 1			
Goal 2			
Goal 3			
2) What are some <i>specific</i> Long to			Goal Weight:
Goal 1			
Goal 2			
Goal 3			
3) What do you feel it's going to take for you to reach your goals?			
 4) Why are those goals important to you? What is your SO THAT? (I want to lose 15 pounds So THAT) SO THAT			
Current Lifestyle Questions	Date	Accountability Coach F	ollow-Up Log / Tracking Results
10-12 cups water daily>Yes / NoDrink coffee, tea, or soda?Yes / NoEat breakfast daily?Yes / NoSkip meals frequently?Yes / No		Accountability Coach Po	niow-Op Log / Tracking Results
Eat "out" often? Yes / No Feel "too full" after meals? Yes / No			
Crave sweets/sugars? Yes / No Crave carbohydrates? Yes / No Crave fast food? Yes / No			
Fight fatigue all day?Yes / NoGet a mid-afternoon "low?"Yes / No			
Tired in the early evening? Yes / No Get "munchies" at night? Yes / No			
Have dieted on and off? Yes / No Eat for comfort? Yes / No			
Familiar w/ food categories?Yes / No			
Daily Bowel Movement? Yes/No Sleep min. 7.5 hrs./night? Yes / No			

NAME:

SIGNATURE _

RELEASE: I agree to participate in the Get You In Shape Fitness program. I understand that it is recommended that I consult a doctor before beginning any fitness and/or nutrition program. I acknowledge being informed of the possible risks due to the strenuous nature of the program. Risks may include the musculoskeletal and/or cardiovascular systems and the potential for unusual, but possible, physiological results including but not limited to abnormal blood pressure, fainting, heart attack, or death. If I feel pain, uneasy, or just not normal, I have been told to consult a doctor immediately. I know of no medical problems that would increase my risk of injury or illness. I recognize that participation in a regular program of exercise has been shown to produce positive changes in a number of bodily systems. These changes include but are not limited to increased work capacity, improved cardiovascular efficiency, and increased muscular strength, flexibility, power, and endurance. By signing this document, I agree to waive, release, and discharge GetYouInShape.com LLC, its agents, officers, principals and employees for any and all claims, actions or damages of any kind resulting from participating in GetYouInShape.com LLC's programs. I understand that videos and photos will be taken during the fitness sessions and used for promotional purposes.