

# 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 80 Days? What are your goals? Current Weight: \_\_\_\_\_ Goal Weight: \_\_\_\_\_

2) What are some **specific** Long term goals? Current Weight: \_\_\_\_\_ Goal Weight: \_\_\_\_\_

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

Fight fatigue all day? Yes / No

Drink coffee, tea, or soda? 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	- Follow-Up Log / Tracking Results / Product Adjustments
Day #2/3 Call/Text	
Day #6/7 Call/Text	
Meeting #2	
Day #12/13 Call/Text	
Day #16/17 Call/Text	
Meeting #3	

## Fill OUT at END OF MEETING

Which Program option?

\_\_\_\_\_

Start Date: \_\_\_\_\_