

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 28 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: _____