

“Get to Know You”

(to be reviewed during your free 20-minute consultation phone call)

Name:

Current age:

Current weight:

Would you like your weight to be different? If so, how?

Goal Weight:

Have you been told or do believe yourself to have any of the following health challenges?

- Overweight
- Obesity
- High blood pressure
- High sugar levels/A1c or diabetes
- Other health concerns/goals

What health concerns/goals do you currently have?

How motivated do you feel to address these health concerns/goals on a scale of 0-5 (0= not motivated at all, 5 = very motivated), why?

What have you tried in the past to address these concerns? What (if anything) do you feel is standing in your way of reaching your goals?

Describe what you eat and drink in a typical day:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Beverages: _____