



Ready To Get Healthy?

WHO WE ARE & WHAT WE DO!

We Are: Personal Wellness Coaches

We provide the following services for our clients:

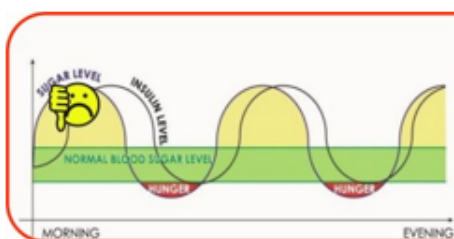
- **FREE** Wellness Profile
- Suggestions for improving eating habits
- Assistance with weight management
- Accountability & 1-on-1 support
- Guidance on developing a healthy active lifestyle
- Solid plan for achieving great RESULTS!

WELLNESS PROFILE

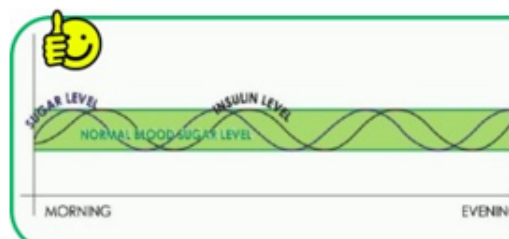
1. How many pounds would you like to lose or what is your goal?
2. What have you tried before & why did it not work for you?
3. Do you eat 3 meals a day? (Yes or No)
 - a. If no, which meal(s) do you skip?
 - b. Conversation-typical Breakfast/lunch/Dinner
4. Do you snack? If yes, what do you snack on?
5. How many times during the week to you eat out?
6. How much water do you drink during the day?
7. When are you most tired?
8. When are you most hungry?

WHY YOUR BREAKFAST IS IMPORTANT

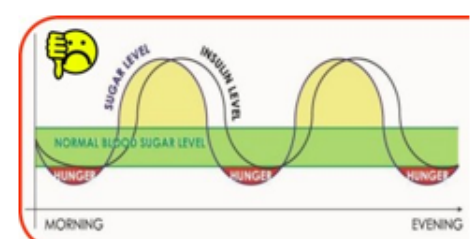
Carb-based breakfast



Balanced Protein-based breakfast



Skipping breakfast



Wellness profile



Coach: _____ Today's Date: _____
 First Name: _____ Last Name: _____
 Phone No.: _____ Gender: _____ Age: _____
 Birthday: _____ Email: _____
 Address: _____ (OPTIONAL)
 City: _____ State: _____ Zip: _____

We also offer products in the following categories. Please circle those that interest you:

- Core Nutrition / Weight Management
- Digestive Health
- Stress Management
- Immune Health
- Heart Health
- Healthy Aging
- Men's Health
- Women's Health
- Children's Health
- Energy & Fitness
- Outer Nutrition
- Sports Nutrition

What are your wellness goals? _____
 Current Weight: _____ Goal Weight: _____ Height: _____
 How much weight do you want to lose / gain? _____ lbs.
 What other wellness programs / products have you tried in the past to achieve your nutrition goals? _____

What results have you experienced with these programs / products? _____

Do you eat three meals a day? Yes No If no, which meals do you skip?
 What did you eat yesterday? _____

Do you snack? Yes No If yes, at what time of the day? _____
 What do you snack on? _____

Daily Water Intake _____ oz. What else? _____

Tea Juice Soda Alcohol Coffee / Energy Drinks Other

How many times a week do you eat out? _____

Where? _____ Average Cost per Meal \$ _____

Where is your energy level, on a scale of 1 to 10? _____

IT IS NOT NECESSARY TO COMPLETE ALL FIELDS.

GENERAL MEASUREMENTS

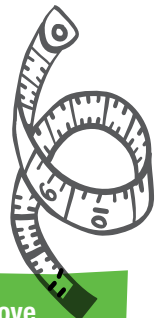
Full Body Measurement (inches):
 Upper Chest _____ Chest _____
 Waist _____ Hips _____
 Thigh _____ Arm _____
 Body Mass Index (BMI) _____
 <18.5 Underweight; 18.5–25 Normal;
 25–30 Overweight; >30 Obese
 Body Fat % _____
 Men 15–20%;* Women 20–25%*
 *These ranges may vary depending on individual body types.

OMRON SCALE

Body Fat Classification _____
 Skeletal Muscle % _____
 Skeletal Muscle Classification _____
 Visceral Fat _____
 Visceral Fat Classification _____
 Resting Metabolic Rate (RMR) _____

TANITA SCALE

Body Type _____
 Basal Metabolic Rate (BMR) _____
 Impedance _____
 Fat Mass _____
 Fat-Free Mass (FFM) _____
 Total Body Water (TBW) _____



I am excited to help you achieve your wellness goals and would love to help those you love do the same!

I extend the offer for a **FREE** Wellness Profile to five of your friends.

Your Daily Diet **profile**

Name: _____

Date: _____

	Breakfast	AM Snack	Lunch	PM Snack	Dinner	Evening
Usual Time						
What I Eat						
What I Drink						
How I Feel						
Total Protein						
Examples of protein foods: meats, poultry, eggs, beans, nuts, seeds, seafood, soy products like tofu						

CURRENT:

Glasses of water per day _____ Cups of coffee / cappuccino _____

Servings of alcoholic drinks per day _____ or per week _____

Servings of fruit per day _____ Servings of vegetables per day _____

Servings per week of: Fish _____ Poultry _____ Red Meat _____

Meals eaten out per day _____ or per week _____

Do you take supplements? Yes No If yes, which ones? _____

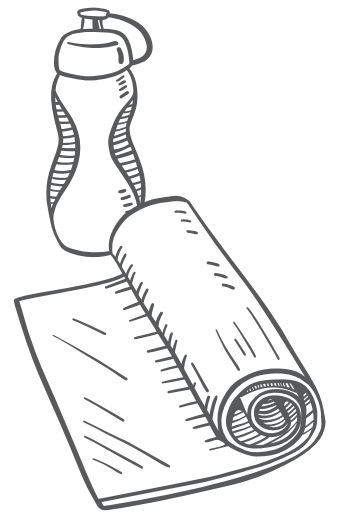
LIFESTYLE:

Hours of sleep per night _____ Quality of sleep? _____

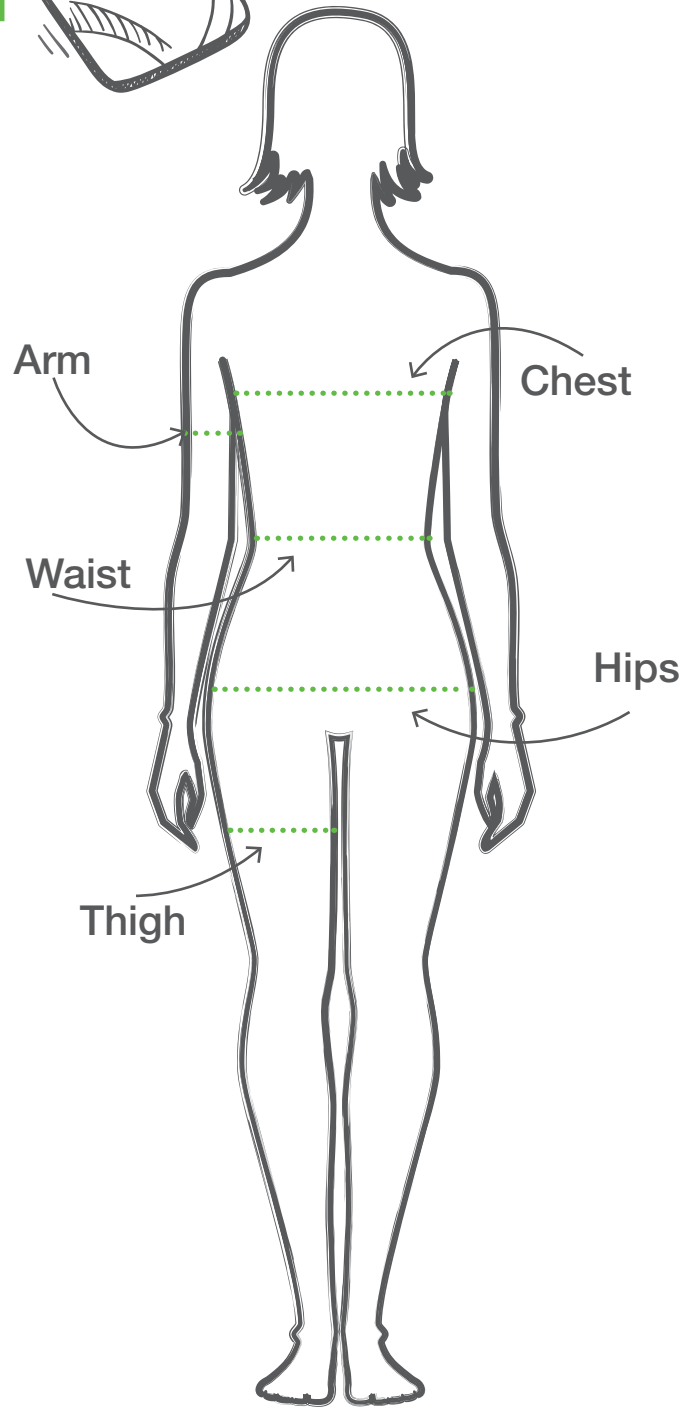
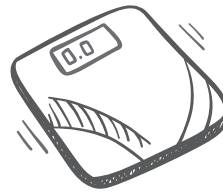
Times per week of exercise for at least 20 minutes: None 1-2 3-4 5+

Participate in recreational sports? Yes No If yes, which sport? _____

PRODUCT RECOMMENDATIONS:



Progress Tracker



	Measurement	Loss/Gain
Weight		
Left Arm		
Right Arm		
Chest		
Waist		
Hips		
Left Thigh		
Right Thigh		

	Measurement	Loss/Gain
Weight		
Left Arm		
Right Arm		
Chest		
Waist		
Hips		
Left Thigh		
Right Thigh		

	Measurement	Loss/Gain
Weight		
Left Arm		
Right Arm		
Chest		
Waist		
Hips		
Left Thigh		
Right Thigh		

	Measurement	Loss/Gain
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Monthly Goal