🔥 WELLNESS ASSESSMENT

👤 CLIENT INFO

Name: _____

Date: _____ **Coach:** _____

Primary Goal(s):

□ Weight Loss / Gain □ Energy □ Muscle □ Tone □ Sports Performance □ Digestive Health

What have you tried before to reach these goals/What work / didn't? _____

What would reaching these goals actually change for you? _____

Are there any obstacles holding you back? _____

🧠 DAILY HABITS

Walk me through a normal day - Wake Time: _____ **Sleep Time:** _____

Do you eat Breakfast? YES / NO → What? _____ **Time:** _____

Snacks / Cravings (when + what): _____

Energy dips during the day? YES / NO When? _____

Water Intake: _____ **oz** **Other Drinks (coffee/energy/soda/alcohol):** _____

Walk me through your meals from yesterday, start to finish: _____

_____

Where do you like to Eat Out / Order-In from: _____

Frequency: _____ **Estimated Spend day/week:** _____

🏃 ACTIVITY

Current Exercise (days/week): _____ **Duration**: _____

Type of Activity? _____ **Any activity would you like to add?** _____

📊 AWARENESS

On a scale of 1–100: how informed are you on optimizing your health _

Do you use any apps, watches, rings, etc.. to track your healthy habits? _____

If nothing changes... where do you see yourself in 6 months? _____

🟡 PERSONALIZED RESULTS (Coach fills in)

Height: _____ **Weight**: _____ **Goal Weight**: _____ **Gender**: M / F

BMI: _____ **Protein Goal:** _____ g/day **Water Goal:** _____ oz/day **RMR:** _____

🔴 REFLECTION

Does your current routine support your goals? _____

1-10 How important is committing to reaching your goals? _____ **Why?** _____

✅ NEXT STEP: Get Started Today on Your Products to Reach Your Goals!