Take Shape For Life.

# Client Tracking Sheet

Client name: ______________________ ID#: ______________
Process date: ______________________ Self-adjust: ______________
User name: ______________________ Password: ______________

Address: ______________________
City: ______________ State: ________ Zip code: ________
Best time: ______________ Time zone: ______________
Phone *(work)*: ______________ Phone *(home)*: ______________
Email *(work)*: ______________ Email *(home)*: ______________
Occupation: ______________ Hours: ______________

Exercise: ______________________
Frequency: ☐ Daily ☐ 3-5 days/wk ☐ 1-2 days/wk ☐ Never

Medications: ______________________

Allergies: ☐ None ☐ Soy Other: ______________________

How did you hear about Take Shape For Life? ______________________

**WEIGHT-LOSS GOALS**

Current Weight: __________ Height: __________ BMI: __________
How much weight would you like to lose? __________ pounds

Why do you want to lose weight? ______________________

Which other weight-loss methods have you tried?

| Plan/diet | Result |
|---|---|
| | |
| | |
| | |
| | |

For you personally, what is the most difficult thing about losing weight? ______________________

Is your family aware that you're starting this program? ☐ Yes ☐ No

On a scale of 1 *(not at all)* to 10 *(very)*, how motivated do you feel today? __________

Do you know of anyone who might want to start this program with you? ______________________

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