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**Please write or print clearly.**

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| --- | --- | --- | --- | --- |
| Name: |  |  | Date: |  |

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| What overall positive changes in your health and well-being have you noticed since starting your 6-month program? |
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| What goals have been met? |

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| Are there areas you would like to focus on, shift, or approach differently in order to meet your goals? |
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| What recommendations did you find helpful and which do you continue to use? |

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| Please list any people in your life you think could also benefit from work like this. |

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| What is your main concern at this time? |
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| Any other comments? |
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| Any changes with weight? |  |  | How is your sleep? |  |

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| Constipation or diarrhea? |  |  | How is your mood? |  |

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| Are you exercising? |  |

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| What foods do you crave and when? |  |

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| What percentage of your foods do you cook/prepare at home? |  |

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| What’s your diet like these days? |

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| Breakfast |  | Lunch |  | Dinner |  | Snacks |  | Liquids |
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| Any other comments? |
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| Any questions about foods or ideas introduced so far? |
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