

Wellness Profile



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

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.**



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

GENERAL MEASUREMENTS	OMRON SCALE	TANITA SCALE
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.	Body Fat Classification _____ Skeletal Muscle % _____ Skeletal Muscle Classification _____ Visceral Fat _____ Visceral Fat Classification _____ Resting Metabolic Rate (RMR) _____	Body Type _____ Basal Metabolic Rate (BMR) _____ Impedance _____ Fat Mass _____ Fat-Free Mass (FFM) _____ Total Body Water (TBW) _____
<p>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.</p>		

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 _____ Servings of caffeinated drinks (coffee, tea, soda, energy drinks) _____

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 (BASED ON PLANS AND MATERIALS CREATED BY HERBALIFE NUTRITION):

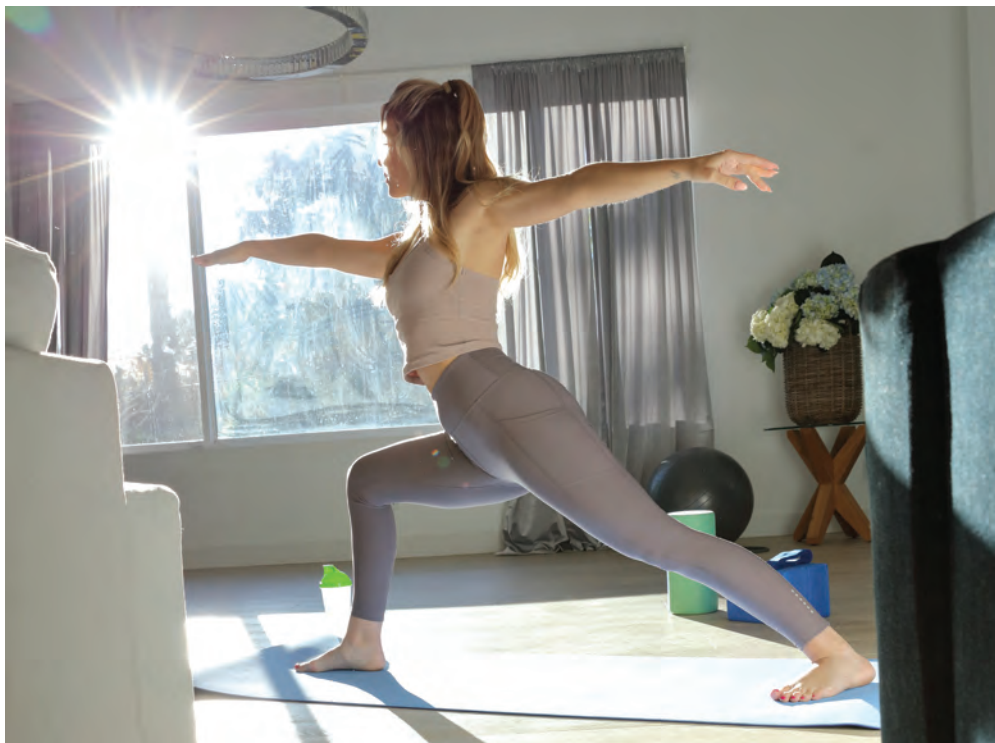


Progress Tracker



	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		



Monthly Goal

	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		