

Date: _____



Follow-up Form

Client Name: _____

Bright Spots:	
Challenges (1-2):	

**Record Biometrics on Tracking Sheet
(weight, body fat, measurements)**

Progress: _____

Goals:	
Action Step #1:	
Action Steps #2:	
Action Step #3:	

_____ (Initial and date) Send follow-up summary email

_____ (Initial and date) Schedule check-in email to be sent

Signature: _____