

Lifestyle Assessment Pre-Conference Form 2018

Virtual clients send copy to wayne@healthydynamicliving.com. Face-to-face clients bring completed form to initial consultation.

Name:

email:

Phone:

Age:

Sex:

Height:

Weight:

Body Mass Index:

Body Fat %:

List, and briefly describe your most concerning health challenges, diagnosed and perceived.

Top 3 Desired Health Outcomes:

- 1.
- 2.
- 3.

List strategies attempted in the past to accomplish these outcomes. Briefly describe the result obtained from each strategy.

List and describe psychological and/or physical limitations that present challenges to meeting your goals

Anything else that I need to know about you?

Health Status Assessment

Revised Health Goals

- 1.
- 2.
- 3.

Specific 1-week strategies/descriptions necessary to establish preparations and behavioral modifications to achieve goals:

- 1.
- 2.
- 3.
- 4.
- 5.

Notes

