



# Wellness Evaluation



Date:..... Coach:..... Referred by:.....

Name:..... Nickname (what you like to be called?).....  
Mobile No:..... Age:..... D.O.B:..... Height:.....  
Address:.....  
Occupation:..... Email:.....

**Our Mission is to help 2000 people get in the best shape of their lives so we need your help  
Give the Gift of Great Nutrition and Nominate Friends and Family.**

**Nominate  
Friends and  
Family for a FREE  
Wellness  
Evaluation Worth  
£50**



Name:	Number:

**Claim FREE Visits for Helping friends and Family join our mission**

**AMBASSADOR**

**10 FREE VISITS**

**30 FREE VISITS**

**ON A SCALE OF 1 - 10, HOW SERIOUS ARE YOU ABOUT REACHING YOUR GOALS?.....**

## BODY AND WELLNESS GOALS:

What would you like us to help you with: (Tick all the ones that apply to you)

- |   |   |  |
|---|---|--|
| Weight Control: <input type="checkbox"/>      | Digestive Issues (Bloating): <input type="checkbox"/> | General Health/Wellbeing: <input type="checkbox"/>     |
| Healthier Breakfast: <input type="checkbox"/> | Abdominal Fat: <input type="checkbox"/>               | Mental Focus/Concentration: <input type="checkbox"/>   |
| Water Retention: <input type="checkbox"/>     | Headaches/Migraines: <input type="checkbox"/>         | Poor Digestion(Constipation): <input type="checkbox"/> |
| Poor Sleep: <input type="checkbox"/>          | Energy Levels: <input type="checkbox"/>               | Sports / Gym Performance: <input type="checkbox"/>     |

- Specifically what's your number one goal?
- Time since your were your ideal weight/size/fitness/health?
- Current clothes size? \*What size would you like to be?
- What 3 body parts would you like to see a difference in?
- What have you tried before to get a result?
- Biggest struggle trying to get a result?
- What do you have in your wardrobe you can use to motivate you?
- How will achieving your goals benefit you?
- What Events do you have up and coming (3-6months), what can we aim for?

Alcohol:.....per week.

Cigarettes/ Vape:.....per day.

Takeaways:.....per week.

Activity:.....per week.

Water:.....per day.



# Wellness Evaluation



LET'S TAKE A LOOK AT YOUR BODY COMPOSITION READINGS

Date	Body Fat %	Weight	Body Water %	Muscle Mass	Physique Type	Basal Metabolic Rate (kcal)	Metabolic Age	Bone Mass	Visceral Fat	Chest (cm)	Waist (cm)	Hips (cm)
	%		%									
<b>Target</b>	%		%									

Are your meals Healthy & Balanced? **GREEN** or **RED**

	Breakfast	Snack	Lunch	Snack	Evening	Snack
Time						
What I eat						
What I Drink						
How I feel						
Cost £						

Now Imagine you eat like this everyday, can you see why you look and feel the way you do?

Cost Total:  

### COACH CHECKLIST:

Membership Paid : CASH/CARD    10 Visit \_\_\_\_\_ 30 Visit \_\_\_\_\_

Membership Card Start Date: \_\_\_\_\_ Expiry / Renew Date: \_\_\_\_\_

Folder: \_\_\_\_\_.(W/P Results Tracker, Food Diaries, Heart Tracker, Pathway and Rules)

Club Rules Signed: \_\_\_\_\_ Results Board: \_\_\_\_\_ Photos: \_\_\_\_\_ Start CMs: \_\_\_\_\_

Next Visit Booked : \_\_\_\_\_

Heart promo Explained: \_\_\_\_\_ Referrals Contacted: \_\_\_\_\_

Added to Customer Support FB Group and Club Chat : \_\_\_\_\_

### Coaches NOTES: