

# Halfway Revisit Form

Please write or print clearly

Name: \_\_\_\_\_ Date: \_\_\_\_\_

What overall positive changes in your health and wellbeing have you noticed since starting the six-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? \_\_\_\_\_

Any other comments? \_\_\_\_\_

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Any changes with weight? \_\_\_\_\_ How is sleep? \_\_\_\_\_

Constipation or diarrhea? \_\_\_\_\_ How is your mood? \_\_\_\_\_

Are you exercising? \_\_\_\_\_

What foods do you crave and when? \_\_\_\_\_

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

What's your diet like these days?

Breakfast

Lunch

Dinner

Snacks

Liquids

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Any other comments? \_\_\_\_\_

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Any questions about any foods or ideas introduced so far? \_\_\_\_\_

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