



WELLNESS PROFILE

Wellness Coach: _____ Today's date _____

First Name: _____ Last Name: _____ Telephone: _____

Gender: _____ Age: _____ Date of Birth: _____ Email: _____

Address: _____ City: _____ State: _____ ZIP: _____

What are your wellness goals? _____

<i>Date:</i>	<i>Date:</i>	<i>Date:</i>
<i>Current Weight:</i>	<i>Current Weight:</i>	<i>Current Weight:</i>
<i>Chest:</i>	<i>Chest:</i>	<i>Chest:</i>
<i>Waist:</i>	<i>Waist:</i>	<i>Waist:</i>
<i>Hips:</i>	<i>Hips:</i>	<i>Hips:</i>
<i>Thigh:</i>	<i>Thigh:</i>	<i>Thigh:</i>
<i>Arm:</i>	<i>Arm:</i>	<i>Arm:</i>

Do you eat three meals a day? Yes ___ No ___ If not, which meals do you skip? _____

What do you have for breakfast? _____

How many glasses of water do you drink? _____ How many times a week do you eat out? _____

We also offer products in the following categories. Please circle those that interest you:

Essential Nutrition
Heart Health
Healthy Aging

Immune Health
Beauty
Children's Health

Men's/ Women's Health
Digestive Health
Sports Nutrition

Energy & Fitness
Healthy Home
Stress & Mood

I am excited to help you reach 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.

My Shaklee 180 Turnaround Story



Before

Starting Weight, Inches and
Pants and/or Dress Size

During

New Weight, Inches and Pants
and/or Dress Size

After

Goal Weight, Inches and Pants
and/or Dress Size