

HALFWAY REVISIT FORM

Please write or print clearly.

Name: _____

Date: _____

What overall positive changes in your health and well-being have you noticed since starting your 6-month program?

What goals have been met?

Are there areas you would like to focus on, shift, or approach differently in order to meet your goals?

What recommendations did you find helpful and which do you continue to use?

Please list any people in your life you think could also benefit from work like this.

What is your main concern at this time?

Any other comments?

Any changes with weight? _____ How is your 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?

Any questions about foods or ideas introduced so far?
