



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?

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 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? _____



Halfway Revisit Form

What's your diet like these days?

Breakfast

Lunch

Dinner

Snacks

Liquids

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

Any other comments? _____

Any questions about any foods or ideas introduced so far? _____
