



## HyggeBody • Halfway Revisit Form

**Please write or print clearly.**

All of your information will remain **confidential** between you and the Health Coach.

### **PERSONAL INFORMATION**

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

### HEALTH INFORMATION

What overall positive changes have you noticed since the start of your 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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What are your main concerns at this time?

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Any changes with weight?

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Any changes with gas or bloating?

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Any constipation or diarrhea?

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Any changes with energy levels/vitality?

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How is your sleep?

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How is your mood?

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**FOOD INFORMATION**

Are you cooking more?

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What foods are you craving?

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What is your diet like these days?

Breakfast: \_\_\_\_\_

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Lunch: \_\_\_\_\_

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Dinner: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Snacks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Beverages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else you'd like to share or ask about ideas or foods introduced so far?  
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