



WELLNESS PROFILE

Wellness coach: _____ Today's date: _____

First name: _____ Last name: _____

Gender: _____ Age: _____ Date of birth: _____

Telephone: _____ E-mail address: _____

Address: _____

City: _____ Province: _____ Postal code: _____

What are your wellness goals? _____

Date:	Date:	Date:
Current weight:	Current weight:	Current weight:
Chest:	Chest:	Chest:
Waist:	Waist:	Waist:
Hips:	Hips:	Hips:
Thigh:	Thigh:	Thigh:
Arm:	Arm:	Arm:

Do you eat three meals a day? Yes No If not, which meal(s) do you skip? _____

What do you typically have for breakfast? _____

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

We also offer products in the following categories/ Please check those that interest you:

- Essential Vitamins and Minerals Immune Support Men's/Women's Health
- Heart Health Energy Healthy Beauty
- Digestive Health Healthy Home Antioxidants
- Children's Health Sports Nutrition Stress

I'm excited to help you reach your wellness goals and would love to help those you love do the same!

I extend the offer of a FREE Wellness Profile to five of your friends.

My Shaklee 180[®] Turnaround Story



Before

[Empty box for writing the 'Before' story]

During

[Empty box for writing the 'During' story]

After

[Empty box for writing the 'After' story]

Starting weight, inches, and pants and/or dress size

New weight, inches, and pants and/or dress size

Goal weight, inches, and pants and/or dress size