

CHERYL M

HEALTH MUSE

INSPIRATION FOR A HEALTHIER LIFE



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Revisit Form

(Please type or print clearly)

Name: _____ Date: _____

What were your intentions from our last visit?

- 1 _____
- 2 _____
- 3 _____

What intentions did you work on since our last visit? How? Results? _____

- 1 _____
- 2 _____
- 3 _____

What positive changes have you seen? _____

- _____
- _____
- _____

What challenges did you have? _____

- _____
- _____
- _____

What are your main concerns at this time? _____

- _____
- _____

Any changes with your weight? _____

How was your sleep this period? _____ How many hours? _____

Did you wake up in the middle of the night? _____

How long to go back to sleep? _____

Lets talk about your poop. How often a day? _____ Any change? _____

What does it look like? (Runny, loose, formed, hard and brick like, hard nuggets.)

Any pain this week? If so, what did you do about it? _____

Any additional stress this week? If so, what did you do about it? _____

How is your mood? _____

Are you cooking more? _____

When you aren't cooking where are you getting your food? _____

What foods do you crave? _____

What are you eating?

<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>Snacks</u>	<u>Liquids</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

How many ounces of water did you drink a day? _____

How many servings of fruit and veggies daily? _____

What kind of veggies? Fresh, Frozen, Canned _____

What kind of Fruits? Fresh, Frozen, Canned _____

Did you eat meat/fish/chicken? What kind? _____

What exercise did you do this week? _____

What did you do for you this week? (Meditation, morning pages, walking, spent relaxing with friends, bubble baths, massage, facials, mani/pedi, fun time with kids, reading, crafts/hobbys) _____

Anything else you want to share with me? _____
