

# DIETSMART PROGRAM COMPLETION

**WLG 12 WEEK DIETSMART COMPLETION – WHERE DO WE GO FROM HERE?**

Name: \_\_\_\_\_ File # \_\_\_\_\_

Address: \_\_\_\_\_ Contact # \_\_\_\_\_

WLG Start Date: **April 15 2018** Start Weight \_\_\_\_\_ Goal Weight/Pounds to Lose \_\_\_\_\_

DietSmart Completion Date: **October 01 2018** WLG Completion Date: \_\_\_\_\_

Body Fat% \_\_\_\_\_ Body Mass Index: \_\_\_\_\_ Attendance: \_\_\_\_\_ out of 26 weeks

**Do You Need Follow up Accountability for 1 year?**

- 1. How many pounds lost in 6 months? \_\_\_\_\_
- 2. Would you like your file closed with DrPenny? \_\_\_\_\_
- 3. Would you like to participate in monthly follow up until your WLG deadline? \_\_\_\_\_
- 4. Would you like to participate in fitness classes? \_\_\_\_\_
- 5. Would you like to participate in personal training? \_\_\_\_\_
- 6. Would you be interested in workshops? \_\_\_\_\_
- 7. Will you continue with the Leptin Patches? \_\_\_\_\_

**WLG Program Evaluation**

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE: For Office Only**

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