

## NEW CLIENT QUESTIONNAIRE OUT OF STATE/INTERNATIONAL

This helps me tailor your plan to you  
Just ignore the questions that don't apply to you.

The following are the things I need to know. You can elaborate on anything you want.

Believe me, I've seen and heard everything and done a lot myself. : )

Face to face is best if you live local (Detroit area) but this has worked so far with my  
people out of town/state/country

Email this back to me at [lisa@lisamerrill.com](mailto:lisa@lisamerrill.com) or

You can fax it to me too 1-877-287-7216

My cell number is 734-502-8264 (Verizon if that matters) EASTERN time zone.

I am a texting queen too. ☺

Fees for nutrition plan, mailed pack of information containing my assessment and other  
things + 1 month (or so) unlimited phone/email time aftercare \$150

Add the exercise plan + \$25

You don't pay me until after my work is done (you will have your plan emailed and my  
pack of info snail mailed). Installments are totally fine for tight budgets!

\$15/mo afterwards for continuous support or \$15-25 just here and there as needed.

I take checks, credit/debit and paypal.

### ABOUT YOU

- Any "story" or history that you think is important that I know and help me get to know and understand you better. You can include weigh history, life altering events, any gastric bypass surgery etc
- Age
- Height
- Weight
- Where you want to be, if you're not there yet. And if you don't know we can always come up with something and re-negotiate it later

Anything I need to know about your job, your schedule, kids, etc

## MEAL PLAN

- Do you want 3 meals and 3 snacks
- Or just 3 meals
- Or any combination
  
- What time do you normally eat your meals
  
- What is your current plan if you have one
  
  
  
  
  
- What do you like about it, or want to change
- What foods do you currently plug in to this plan?
  
  
- Any food allergies
  
  
- What are your trigger foods/what is NOT safe?
  
  
- What are your favorite (non trigger) foods?
  
  
  
  
- What non trigger foods do you hate? ( so I wont keep mentioning them!)
  
  
  
  
- Is it “safe” for you to know your calorie level or do you want me to keep this to myself? You won’t be counting calories or anything, that’s my job. I have a form that shows my calculations that I put in packs OR DON’T put in the packs if it’s not healthy for you to know.

## MEDICAL HISTORY

- Anything medically I should know that wasn’t mentioned initially
- Medications?

EXERCISE (let me know what you do even if you're not having me do the exercise assessment, I need to know so I make sure your calories are appropriate based on your activity). If I am doing the assessment please be detailed.

- Any orthopedic limitations to exercise or medical issues
- What do you like to do
- Hate
- Have access to at a gym or home
- Wish to learn
  
- Anything else you have an opinion on (exercise or not...I've had some funny things written here!!!! I love it!)

**HOME ADDRESS!!!!!! (people have been missing this part) ☺**  
or wherever you want me to send my pack of info.

Phone numbers and best one to reach you on, and DO YOU TEXT?