

NEW CLIENT QUESTIONNAIRE LOCAL

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 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 \$125

Add the exercise plan + \$25 (For FACE TO FACE PEOPLE the exercise part is
included in the \$125 if desired..... no mailing needed.)

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 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?