

## NEW CLIENT QUESTIONNAIRE OUT OF STATE/INTERNATIONAL 2023

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

**TEXT ME THE SECOND YOU SEND IT SO I HAVE A HEADS UP**

My cell number is 734-502-8264 (Verizon if that matters) EASTERN time zone.  
I am a texting queen too. ☺

My fees for the nutrition plan (emailed first), and mailed info- pack containing my  
assessment and other support material, and 6 weeks unlimited phone/email/text time  
as we settle on your plan \$200  
And if you want an exercise plan + \$25

**I require a \$75 or \$100 deposit -or paid in full (moves you up the list!) before I  
start on a plan. Or you can negotiate this with me ahead of time.  
Installments are totally fine for tight budgets- just let me know ahead of  
time. Believe me I understand! I have started over from scratch a few times in  
my life too ☺**

For continuous support- If you want to send me daily food diaries \$15/month  
Or \$15-25 for meal plan updates after the initial set up time  
\$40 for phone sessions after the initial set up time  
For quickie emails and texts and "how do I count this" type of things I don't charge for  
but most people pop \$15-25 on paypal after they feel they have asked quite a bit.  
I have paypal, venmo, zelle accounts, and checks & credit/debit cards are fine too.  
Health Savings/Flex spending does cover my services. @LISA-MERRILL-20 for  
VENMO  
Paypal and Zelle are my email [LISA@LISAMERRILL.COM](mailto:LISA@LISAMERRILL.COM) (don't forget the 2 R's and  
2L's)  
Or my cell 734-502-8264. If you want to pay by check, I can text you my home  
address.

I agree to these fees \_\_\_\_\_ (initial and date here)

**NAME AND WHAT YOU PREFER TO BE CALLED IF IT'S DIFFERENT**

**FULL ADDRESS (house number, street, city, state, zip) or international codes**

**PREFERED EMAIL ADDRESS**

**PHONE**

**DO YOU TEXT?**

**ABOUT YOU**

- Any “story” or history that you think is important that I should know and help me get to know and understand you better. You can include weigh history, life altering events, any gastric bypass/sleeve surgery etc
  
- Age
- Height
- Weight/size
- 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 won't keep mentioning them!)
  
  
- Any cultural situations I need to take into account? (ie Jewish/Observant)  
Or vegan, vegetarian (what kind- lacto, ovo, pesca)
  
  
- 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. \_\_\_\_\_  
(people who answer "don't know" I don't tell..... for now)

## **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?
- What do you not like to do?
- Have access to at a gym or home gym?
- Wish to learn?
- Anything else you have an opinion on (exercise or not...I've had some funny things written here!!!! I love it!)
- Any "deal breakers" (example- vegan, or "gotta have my creamer in my coffee or a cup of nut milk for tea during the day")

Thank you!!!! Looking forward to working with you  
Lisa

