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# Returning Patient Session Update Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Please give me the following update to increase the efficiency of our session

How are you feeling?

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Improvements?

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Increased Symptoms?

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Which behaviors or strategies are helping right now?

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Which behaviors or strategies are creating challenges right now?

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How do you feel about your program?

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What would you like to focus on during today's appointment?

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### Ideal Protein Patients only

Ideal Protein Phase

**1      2      3**

This morning at home I weighed \_\_\_\_\_ Ketosis \_\_\_\_\_

**I'm logging**

In a journal       Online       I don't

Provide us with username and password

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### Customized Nutrition Patients only

Average oz of water daily \_\_\_\_\_

Average # of hours of sleep \_\_\_\_\_

Average # of snacks daily \_\_\_\_\_

Average # of meals daily \_\_\_\_\_

Average daily calories \_\_\_\_\_

Average # of exercise/ week \_\_\_\_\_

**I'm logging**

In a journal       Online       I don't log

Provide us with username and password

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