

Session One	
Client Name:	Date:
Goal:	
Reason(s) for Wanting to Achieve this Goal:	
Circle Their Commitment Level (1-10, 10 being highest): 1	2 3 4 5 6 7 8 9 10
Note: Anything less than an 8, the client needs to explain we they will make that happen.	vhat it would take to get them to at least an 8 and how
Activities: Program Creation (Starting Weight/BF%	Goal Weight/BF%)
Weekly Goal (Plan of action):	
Food/Diet Calorie Intake Target: Log Food for at least 7 days Other (go grocery shopping, etc.):	Exercise/Movement Calorie Burn Target: Comply to Cardio & Resisitance Training Other Daily Activity to Enhance (standing/pacing):
Supplementation Recommended Products:	Coaching/Accountability Recommended Video/Article:
	Accountability (Pick at least one): ☐ Post their goal on bathroom mirror/refrigerator ☐ Ask a friend for support/bring to next session ☐ Write ten reasons that excite you about achieving your goal
Client Signature (commitment to above):	
dotFIT Pro Signature (commitment to above):	
Notes:	



Session Two										
Client Name:										Date:
Goal:										
Have client explainReview client's food	ab to week y, rev thei l log t cor	view view r Su and npli in:	w Pr eekl We mm util ance Fitr	ogre y go <i>ight</i> ary l izati e. If ness	ess (al al Los Page ion (nec Vau	Grap nd c ss & e to g of to essa alt >	omp Wei you. ools ary, o	olian Ight Do liscu	ice <i>Fluc</i> they uss t	ctuation in Fitness Vault > Weight Loss > Articles y understand it as a tool? The importance of taking a multivitamin by review
Client's Self-Rating (1 = 0	didn	't do	it, 1	l0 =	foll	owe	d it	to a	"t"):	
Food/Diet:	1	2	3	4	5	6	7	8	9	10
Exercise/Movement:	1	2	3	4	5	6	7	8	9	10
Supplementation:	1	2	3	4	5	6	7	8	9	10
Coaching/Accountability:	1	2	3	4	5	6	7	8	9	10
Based on rating above, iden What went well?	tify	the 1	nost	sig	nific	ant:	:			
What could have gone bette	r?									
Plan for this week:										
Recommended Video/A	rtic	le:								
Client Signature (commitme					e):					
Notes:										
								_		



Session Three										
Client Name:										Date:
Goal:										
meals ○ Product spo • Muscle Gain/Perf ○ Fitness Vau	nge/l veek' Top lt > V lt > tligh forn lt > I lt > I	Programmer of the Programmer o	gress eekl s: ght eigh dotF ice	s Gray god Loss t Lo TT N Fop Gain Gain	aph al an Art ss I Meal ics: Art Art	nd conticles FAQ Rep ticles	omp > 1 olace s > 1 s > 1	olian Weig I've eme eme The Nuti	ght (read nts Sciention	
Client's Self-Rating (1 = differential Food/Diet:	idn'	t do 2	it, 1	10 = 4		owe			"t"): 9	10
Exercise/Movement:	1	2	3	4	5	6	7	8	9	10
Supplementation:	1	2	3	4	5	6	7	8	9	10
Coaching/Accountability:	1	2	3	4	5	6	7	8	9	10
Based on rating above, ident What went well?	ify t	he 1	nost	sign	nific	ant:				
What could have gone better	?									
Plan for this week:										
Recommended Video/Ar	rticl	e:								
Client Signature (commitme	nt to	ab	ove)	:						
dotFIT Pro Signature (comm	nitm	ent	to a	bove	e):					
Notes:										



Session Four										
Client Name:										Date:
Goal:										
 Fitness Vau Product spo Muscle Gain/Per Fitness Vau 	age/F week's l Top llt > V otligh form llt > F llt > N	Progress we veig Veig Veig t: Land Perfo	ressekty ekty the the carr ce Torm cle (S Gray good Loss Loss n > 5 Fop	aph al an FA Art Sup ics: e Ar	nd condition of the con	omp How s > 0 nent es > 1	olian w of Use cs > . Visu	ce iten s of Su Artic	should I weigh myself? upplements for Fat Loss cles > 90-day Product Cycling for Weight Loss ration for Success vance Nutrition 101
Client's Self-Rating (1 = 0	lidn't	do i	it, 1	0 =	foll	owe	d it	to a	"t"):	
Food/Diet:	1	2	3	4	5	6	7	8	9	10
Exercise/Movement:	1	2	3	4	5	6	7	8	9	10
Supplementation:	1	2	3	4	5	6	7	8	9	10
Coaching/Accountability:	1	2	3	4	5	6	7	8	9	10
Based on rating above, iden What went well?	tify tł	ne m	ost	sign	nific	ant:				
What could have gone bette	r?									
Plan for this week:										
Recommended Video/A		e:								
Client Signature (commitme	ent to	abo	ove)	:						
dotFIT Pro Signature (comr	nitme	ent t	o al	bove	e):					
Notes:										



Session Five														
Client Name:										Date:				
Goal:														
Activities: 1. Weekly weight update in Program (Weight/BF%														
Client's Self-Rating (1 = c	didn'	t do	it, 1	l0 =	foll	owe	d it 1	to a	"t"):					
Food/Diet:	1	2	3	4	5	6	7	8	9	10				
Exercise/Movement:	1	2	3	4	5	6	7	8	9	10				
Supplementation:	1	2	3	4	5	6	7	8	9	10				
Coaching/Accountability:	1	2	3	4	5	6	7	8	9	10				
Based on rating above, iden What went well?		he r	nost	sigi	nific	ant:								
What could have gone bette Plan for this week:	Γ?													
Recommended Video/A	rticl	e:												
Client Signature (commitmed dotFIT Pro Signature (commitmed)					e):									
Notes:														



Session Six										
Client Name:										Date:
Goal:										
carbohydra o Fitness Vau o Product spo • Muscle Gain/Peri o Fitness Vau	age/l veek' l Toj lt > V tligh f orn lt > I	Prog s w pics Wei ut: o nan Perf Mus	gresseekles: 'eight dotF 'corm	s Gray go nt Loss TT C Fop nanc Gair	aph al ar oss Art Carb ics: e Ar	FAC ticles Rep cticles	omp Q > s > oel es > Do	olian I a Why Loa you	ce am s We d Yo	starting to lose weight. Should I limit or avoid Eat When We Know We Shouldn't our Energy Systems for Peak Performance lly need to load on creatine to bulk up?
Client's Self-Rating (1 = c	lidn'	t do	it, 1	0 =	foll	owe	d it 1	to a	"t"):	
Food/Diet:	1	2	3	4	5	6	7	8	9	10
Exercise/Movement:	1	2	3	4	5	6	7	8	9	10
Supplementation:	1	2	3	4	5	6	7	8	9	10
Coaching/Accountability:	1	2	3	4	5	6	7	8	9	10
Based on rating above, ident	tify t	he r	nost	sig	nific	ant:				
What went well?										
What could have gone better	r?									
Plan for this week:										
Recommended Video/A	rticl	e :								
Client Signature (commitme	ent to	ab	ove)):						
dotFIT Pro Signature (comn	nitm	ent	to a	bove	e):					
Notes:										



Session Seven									
Client Name:									Date:
Goal:									
fat o Fitness Vau o Product spo • Muscle Gain/Perf o Fitness Vau o Fitness Vau	age/Pi veek's l Top i llt > V lt > W tlight form : lt > Po lt > M	rogres week ics: Weight /eight : dot! ance erforr [uscle	ss Gr ly go t Los Loss FIT V Top nanc Gair	raph oal ar ss F s Art Worl oics: e Ar	nd conditions the second secon	omp > И s > I Ext es > s > 2	olian Vhat Don Trem Car Xtre	ce 't Jule or bohy	ercises and intensity levels will help me burn more ust Sit There, Move!
Client's Self-Rating (1 = d	lidn't	do it,	10 =	foll	owe	d it 1	to a	"t"):	
Food/Diet:	1	2 3	4	5	6	7	8	9	10
Exercise/Movement:	1	2 3	4	5	6	7	8	9	10
Supplementation:	1	2 3	4	5	6	7	8	9	10
Coaching/Accountability:	1	2 3	4	5	6	7	8	9	10
Based on rating above, ident What went well?	ify th	e mos	t sig	nific	ant:				
What could have gone better	:?								
Plan for this week:									
Recommended Video/A	rticle	:							
Client Signature (commitme	nt to	above):						
dotFIT Pro Signature (comm	nitme	nt to a	bov	e):					
Notes:									



Session Eight									
Client Name:									Date:
Goal:									
 Fitness Vau week Find a Recipment Muscle Gain/Person Fitness Vau 	age/Pi veek's l Topi lt > W llt > V pe: Le forma lt > M lt > M	rogre week ics: Veight Veigh earn > ance (uscle	ss Gr lly go Loss t Los Rec Top Gain Gain	taph oal at s Art ss FA tipes oics: n FA	nd c ticles AQ > S : Q >	om _I s > > <i>P</i> ε	olian Weig eople w m	ice ght l e on	Loss & Weight Fluctuation the TV show The Biggest Loser drop 10 to 20 lbs a grams of protein should I be eating in a day? ly is food converted to fat or muscle mass?
Client's Self-Rating (1 = c	lidn't	do it,	10 =	foll	owe	d it	to a	"t"):	:
Food/Diet:	1	2 3	4	5	6	7	8	9	10
Exercise/Movement:	1	2 3	4	5	6	7	8	9	10
Supplementation:	1	2 3	4	5	6	7	8	9	10
Coaching/Accountability:	1	2 3	4	5	6	7	8	9	10
Based on rating above, ident	tify the	e mos	st sig	nific	cant:	:			
What went well? What could have gone better	r?								
Plan for this week:	l (
Tian for this week.									
Recommended Video/A	rticle	:							
Client Signature (commitme	ent to	above	e):						
dotFIT Pro Signature (comm	nitme	nt to	abov	e):					
Notes:									



Session Nine									
Client Name:									Date:
Goal:									
to • Muscle Gain/Per ∘ Fitness Vau	age/Pi week's l Top i llt > Po llt > W	rogres week ics: erforn /eight ance erforn	s Gr ly go nanc Los Top nanc	aph al a e Ar s FA ics: e Ar	nd conticle Q >	ompes > I ha	olian Prop ave Prop	ce per l lost	Hydration 60lbs already, but am finding it harder and harder
Client's Self-Rating (1 = c	didn't	do it,	10 =	foll	owe	d it 1	to a	"t"):	
Food/Diet:	1	2 3	4	5	6	7	8	9	10
Exercise/Movement:	1	2 3	4	5	6	7	8	9	10
Supplementation:	1	2 3	4	5	6	7	8	9	10
Coaching/Accountability:	1	2 3	4	5	6	7	8	9	10
Based on rating above, iden What went well?		e mos	t sig	nific	ant:				
What could have gone bette	r?								
Plan for this week:									
Recommended Video/A	rticle	:							
Client Signature (commitme	ent to	above):						
dotFIT Pro Signature (comm	nitme	nt to a	bov	e):					
Notes:									



Session Ten									
Client Name:									Date:
Goal:									
 Fitness Vau beverages? Product spo Muscle Gain/Per Fitness Vau 	age/P week's l Top ult > P otlight form ult > P ult >	Progr s wee oics: Perfor Gend t: do lanc Perfor Gend	ess Gekly german eral I etFIT e Top eral I	raph oal a ce Ai Nutri Supe pics ce Ai Nutri	nd c rticle tion erior : rticle	omp S > FA Ant es > FA	olian Why Q > ioxic Why Q >	ce Y Yo Ho dant Y Yo Ho	u Should Eat Before Morning Workouts ow does the body process the calories in alcoholic t u Should Eat Before Morning Workouts ow does the body process the calories in alcoholic
Client's Self-Rating (1 = 0									
Food/Diet:	1	2	3 4	5	6	7	8	9	10
Exercise/Movement:	1	2	3 4	5	6	7	8	9	10
Supplementation:	1	2	3 4	5	6	7	8	9	10
Coaching/Accountability:	1	2	3 4	5	6	7	8	9	10
Based on rating above, iden What went well?	tify th	ne mo	ost się	gnific	cant:				
What could have gone bette	r?								
Plan for this week:									
Recommended Video/A Client Signature (commitment)			ve):						
dotFIT Pro Signature (comm	nitme	nt to	abov	/e):					
Notes:									



Session Eleven										
Client Name:										Date:
Goal:										
 Fitness Vaul Myths Muscle Gain/Perf Fitness Vau expected as. 	ge/Freek': Top t > V t > V t > C orm t >	Prog s we pics Weig Gen nan Mu	gresseekl eekl ght l eral ce l	s Gray go Loss l He Fop e Ga	aph al an FA alth ics:	nd co Q > & F Artic	omp <i>I an</i> litne	olian m in ess A > V	ce <i>a ca</i> crtic	nlorie deficit but not losing weight, why? les > Fact or Fiction? Enduring Fitness & Nutrition your measurement results may not be what you les > Fact or Fiction? Enduring Fitness & Nutrition
Client's Self-Rating (1 = d	idn't	do	it, 1	0 =	foll	owe	d it 1	to a	"t"):	
Food/Diet:	1	2	3	4	5	6	7	8	9	10
Exercise/Movement:	1	2	3	4	5	6	7	8	9	10
Supplementation:	1	2	3	4	5	6	7	8	9	10
Coaching/Accountability:	1	2	3	4	5	6	7	8	9	10
Based on rating above, identify What went well?	ify tl	ne n	ıost	sigi	nific	ant:				
What could have gone better	?									
Plan for this week:										
Recommended Video/Ar	rticle	e:								
Client Signature (commitme	nt to	abo	ove)	:						
dotFIT Pro Signature (comm	itme	ent t	to a	bove	e):					
Notes:										



Session Twelve										
Client Name:									Date:	
Goal:										
 Fitness Vaul Product spot Muscle Gain/Perf Fitness Vaul 	ge/Pro reek's v Topic t > We t > Gen t > Pen t > Gen	ogres veekl ight neral dotF nce ' form	s Gr y go Loss Nu T op nanc	aph al an tritic Supe ics: e Ar tritic	Qs > On A r Or ticle	omp - Ca rticl nega es > rticl	olian In yo les > a 3 F Sma les >	ce ou gi dot ish o art E dot	ve me some tips for maintaining my weight loss? FIT Longevity Program Oils Fating for Athletes on the Go FIT Longevity Program	
Client's Self-Rating (1 = d	idn't d	o it, i	10 =	follo	owe	d it 1	to a	"t"):		
Food/Diet:	1 2	3	4	5	6	7	8	9	10	
Exercise/Movement:	1 2	3	4	5	6	7	8	9	10	
Supplementation:	1 2	3	4	5	6	7	8	9	10	
Coaching/Accountability:	1 2	3	4	5	6	7	8	9	10	
Based on rating above, identified What went well? What could have gone better		mos	t sig	nific	ant:					
Plan for this week:	•									
Trainforting week										
Testimonial: Take the clie your assistance helped them Client Signature (commitme)	achiev	e the	res						rite a brief testimonial about how the Program and	
				,						
dotFIT Pro Signature (commitment to above):										
Notes (What did the Client le	earn? \	What	are	the	nex	t ste	ps?)	:		



Session											
Client Name:											Date:
Goal:											
Activities: 1. Weekly weight update in Program (Weight/BF%) 2. Review Summary Page/Progress Graph 3. Discuss & rate last week's weekly goal and compliance • Goal Related Topic(s):											
Client's Self-Rating (1 = 6	didn	't do	it, 1	10 =	follo	owe	d it t	to a	"t"):		
Food/Diet:	1	2	3	4	5	6	7	8	9	10	
Exercise/Movement:	1	2	3	4	5	6	7	8	9	10	
Supplementation:	1	2	3	4	5	6	7	8	9	10	
Coaching/Accountability:	1	2	3	4	5	6	7	8	9	10	
Based on rating above, identify the most significant: What went well?											
What could have gone better?											
Plan for this week:											
Recommended Video/Article:											
Client Signature (commitment to above):											
dotFIT Pro Signature (commitment to above):											
Notes (What did the Client learn? What are the next steps?):											