

Thrive! Lifestyle Counseling Follow-up Form

Name: _____

Date and time of Appointment: _____

Since you were last in for a counseling visit:

What has been your best success? What has been helpful to you? What can you give yourself credit for doing or trying to do? _____

What are the one or two biggest obstacles/challenges you are currently facing regarding your weight loss journey? _____

Is there anything in particular you would like to address today? _____

On a scale of 0-10, what is your motivation level today to continue to put forth effort to lose weight? (0 = not motivated at all, 10 = very motivated)

0 1 2 3 4 5 6 7 8 9 10
