



I.D. # \_\_\_\_\_

Name: \_\_\_\_\_ Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: C H \_\_\_\_\_ email: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Challenges:

Where do you rate yourself? Scale of 1 to 10: 1 = Bad 5 = So-so 10 = Excellent

	Start	Week 1	Week 2	Week 3	Week 4
DATE:	/	/	/	/	/
General					
Energy:					
Sleep					
Stress level					
Pain levels					
Focus					
Memory					
Emotions					

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Name: \_\_\_\_\_

Primary Focus: \_\_\_\_\_

Other health goals: \_\_\_\_\_

90 Day Focus: \_\_\_\_\_

Medications? \_\_\_\_\_

How long have you desired to accomplish this goal?: \_\_\_\_\_

What will your life be like when your goal is accomplished? \_\_\_\_\_

On the front side of the card let them rate themselves on a scale of 1 - 10. This will surprise and delight you both as you follow up with them to track their progress.

Send Avini Instructions & Important Numbers: \_\_\_\_\_ WhatsApp Group? Y N

Introduce to: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Time zone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Time zone: \_\_\_\_\_

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