Name: _____ Birthdate: _____/_____/_____ Start Date: _____

Phone: _____ E-Mail: _____ Coach: _____

	Start Weight	Day 3	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10
DATE												
Weight												
Weight Loss/Gain												
Total Weight Loss												
Upper Chest												
Chest												
Waist												
Hips												
R. Arm												
L. Arm												
R. Thigh												
L. Thigh												
R. Calf												
L. Calf												
Total Inches												
Total Inch Loss												

Client Tracker & Notes:

☐ 3DC Setup *(call, zoom, live)*
☐ 3 Day Challenge Starting Post
☐ 3DC Fol Up Texts: ☐ Day 1 ☐ Day 2 ☐ Day 3 ☐ Day 4
☐ Shake Selfies Posted: Day 1 ☐☐ Day 2 ☐☐ Day 3 ☐☐
☐ Day 4 Follow Up → 30 Day Challenge
☐ New Client Post
☐ Qualified for Ambassador:
☐ Referral 1 ☐ Referral 2 ☐ Membership
☐ First Steps
☐ Client Appreciation Night *(Ambassador Wrist Band)*
☐ Active Member or Health Coach
☐ STS/BTC Invite

SCAN	START	END
Weight		
Body Fat %		
Body Water %		
Muscle Mass		
Physique Rating		
BMR		
Metabolic Age		
Bone Mass		
Visceral Fat		

Before Photos:
☐ Close Up
☐ Front ☐ Front Flex
☐ Back ☐ Back Flex
☐ R.Side ☐ L.Side

After Photos:
☐ Close Up
☐ Front ☐ Front Flex
☐ Back ☐ Back Flex
☐ R.Side ☐ L.Side