Date:		

Follow-up Form



Client Name:	PRITION
Bright Spots:	
Challenges (1-2):	
	netrics on Tracking Sheet ody fat, measurements)
Progress:	
Goals:	
Action Step #1:	
Action Steps #2:	
Action Step #3:	
(Initial and date) Send fol through the HSN app	client's HSN dashboard under notes! llow-up action steps in private message
(Initial and date) Schedul	le check-in email to be sent
Signature:	