THINNR

Get Started Questionnaire I Citrine 360

Tell us about your goals so we can help determine the best next step for you.

CONTACT INFORMATION

Full Name _____ Date _____

Phone _____ Email _____

YOUR GOALS

What is your primary reason for wanting to get started with Thinnr?

☐ Weight loss ☐ More energy ☐ Healthier habits ☐ Confidence

☐ Accountability/support ☐ Other _____

How much weight would you ideally like to lose?

☐ 1-10 lbs ☐ 11-20 lbs ☐ 21-30 lbs ☐ 30+ lbs ☐ Not sure

What has been your biggest challenge with weight management?

PROGRAM READINESS

How soon are you looking to get started?

☐ As soon as possible ☐ Within 2 weeks ☐ Within 30 days ☐ Just exploring

Which type of support are you most interested in?

☐ Structured weight-loss plan ☐ Nutrition guidance ☐ Progress tracking

☐ Regular check-ins ☐ Wellness add-ons ☐ Help choosing

What days/times are usually best for a consultation?

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Health & Lifestyle Pre-Screen | Citrine 360

This questionnaire is for initial screening only and does not replace a medical evaluation.

HEALTH & LIFESTYLE

Are you currently under the care of a healthcare provider? ☐ Yes ☐ No

Are you currently taking prescription medications or supplements? ☐ Yes ☐ No

If yes, please list:

Do you have any allergies or medication sensitivities? ☐ Yes ☐ No

If yes, please explain:

Please check any that apply:

- ☐ Diabetes / blood sugar concerns
- ☐ High or low blood pressure
- ☐ Heart/cardiovascular condition
- ☐ Kidney condition
- ☐ Liver condition
- ☐ Significant GI/digestive condition
- ☐ Pregnant, breastfeeding, or trying to conceive
- ☐ History of an eating disorder
- ☐ Other significant medical condition

If you checked any item above, please provide details:

On average, how active are you?

☐ Mostly sedentary ☐ Lightly active ☐ Moderately active ☐ Very active

How would you describe your current eating habits?

☐ Mostly consistent ☐ Mixed / varies ☐ I struggle with consistency

Have you tried a structured weight-loss program before? ☐ Yes ☐ No

If yes, what worked or did not work for you?

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Consultation Preferences I Citrine 360

YOUR PREFERENCES

What matters most to you in a weight-loss program?

- ☐ Affordability
- ☐ Accountability/support
- ☐ Convenience
- ☐ Results-focused plan
- ☐ Education/guidance
- ☐ Easy progress tracking
- ☐ Personalized approach

What would make you feel successful in the first 30 days?

Anything else you would like us to know before your consultation?

PREFERRED FOLLOW-UP

- ☐ Phone call
- ☐ Text message
- ☐ Email
- ☐ In-office consultation

Best time to contact you:

Questions you want answered during your consultation:

NEXT STEP

Your responses help Citrine 360 prepare for your consultation and discuss available options.
Final eligibility and treatment decisions require an appropriate clinical evaluation.

Client Signature

Date