



Keto Remastered

First Name _____

Last Name _____

Cell Phone _____

Email _____

Please check applicable answers:

- Keto Beginner
- Keto Intermediate

- Keto Advanced
- Intermittent Fasting # hours _____

Weight loss Goals:

List Food Allergies:

Start Date of Coaching _____

Weight _____

Preferred method of contact: Check all that apply:

Text Messaging _____ Email _____ Zoom _____

Face Time (iPhone users only) _____ Voice Phone Call _____