

Huber Family Wellness



Potential Client Application

First & Last Name: _____

City, State, Country: _____

Email: _____

Cell Phone: _____

Profession: _____

Name your top health issues

1. _____
2. _____
3. _____
4. _____
5. _____

Name your top health goals

1. _____
2. _____
3. _____
4. _____
5. _____

How much time are you willing to commit to your health?

3 months 6 months 12 months As long as needed

What are you willing to adjust to gain better health?

foods? movement? finances? thinking?

How soon do you want to get started?

Right now! 1-2 Months Not sure? Other

Save and return form to sue@huberfamilywellness.com or print and mail to PO Box 136, Inlet, NY 13360