



Client Profile

FUNCTION:

PRODUCT:

DOSE:

USAGE:

Cost: _____

FUNCTION:

PRODUCT:

DOSE:

USAGE:

Cost: _____

| S | M | T | W | Th | F | Sa |
|---|---|---|---|----|---|----|
|---|---|---|---|----|---|----|

Continue to experiment with your dosing until you get results.



WWW.417HEMP.COM

417.324.7724

☐ **Call** ☐ **Text** ☐ **Email**

[illegible]

DATE:

Preferences:

VIBE CHECK

Check all that apply.

| | YES I AM | MORE PLEASE | NOT YET |
|--|--------------------------|--------------------------|--------------------------|
| Physicality (Are you living pain-free and sleeping comfortably?) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental Clarity (Are you alert, focused, and attentive?) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Recreation (Are you having fun?) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexuality (Are you comfortable, confident, and connected?) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Creativity (Are you showing up in an energetic way?) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Productivity (Are you getting shit done?) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Positivity (Are you happy?) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spirituality (Are you living Intentionally?) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you’re happy and you know it, then your face will surely show it.

- Datia Ben Dor -

Personal Goals:

Limitations: