

Thanks for coming in. These questions take about three minutes and they exist so we don't waste yours — the more we understand what you're actually after, the better we can tell you whether this program is right for you. There are no wrong answers, and nothing here commits you to anything.

1 About you

FIRST NAME

LAST NAME

MOBILE PHONE

EMAIL

ZIP

I am 18 years of age or older☐ Yes☐ No

2 What brought you in today?

How did you come to be standing here?☐ Walked past / saw the space☐ Instagram / TikTok / Facebook☐ Referred by a current member☐ Came in with someone else today☐ Google or online search☐ Referred by a friend or family member☐ Saw an event or pop-up☐ Other:**Is today your first time inside the club?**☐ First time☐ Been in before☐ Current or former member

3 Your goal, in your words

*Staff: capture this verbatim. Their phrasing is the phrasing that closes them later.***What are you hoping to change?****Why now? What made today the day you walked in rather than next month?***The trigger matters more than the goal — it is the thing that expires.*☐ Energy is not what it was☐ A conversation with my doctor☐ Tired of starting over☐ Training or athletic goal☐ Clothes are not fitting☐ An event or trip coming up☐ Keeping up with kids / grandkids☐ A photo, a scale reading, a moment**If something specific is coming up, what and when?**

WHAT

DATE

4 What matters to you in a program

Pick the two that matter most:☐ Being guided by an actual person☐ Seeing progress quickly☐ Privacy and discretion☐ Structure and accountability☐ Convenience and location☐ What it costs☐ Having recovery amenities alongside☐ Not feeling judged

5 What you've already tried

Have you tried other approaches before? Which ones?

- ☐ Diet or nutrition program
- ☐ Weight-loss medication
- ☐ App or online program
- ☐ Nothing formal yet
- ☐ Gym or personal trainer
- ☐ Meal delivery or shakes
- ☐ Medical or clinical program
- ☐ Other:

What happened? Where did it come apart?

Staff: this is the single most useful answer on the sheet. Whatever failed them before is the objection you have to answer today, and it is usually not willpower.

6 Timing and fit

Where are you in your thinking?

- ☐ Ready to start now
- ☐ Within the next 30 days
- ☐ Within the next 90 days
- ☐ Gathering information

Is there anything that would make it hard to start?

- ☐ Schedule
- ☐ Cost
- ☐ Travel coming up
- ☐ Someone else helps decide
- ☐ Want to talk to my doctor first
- ☐ Nothing — ready to go

Is anyone else part of this decision? Who?

NAME

RELATIONSHIP

What would need to be true for you to say yes today?

Ask it out loud, then stop talking. The answer is the close.

7 How to reach you

Best way and time to reach you

- ☐ Call
- ☐ Text
- ☐ Email
- ☐ Morning
- ☐ Afternoon
- ☐ Evening

Contact permission — optional, and not a condition of receiving services or a consultation. Check only what you want. You can stop at any time by replying STOP to a text or using the unsubscribe link in an email. Message and data rates may apply. Message frequency varies.

- ☐ Yes, text me about my consultation and program.
- ☐ Yes, email me.

SIGNATURE

DATE

Do not hand this page to the guest.

Fill it in during or immediately after the conversation — not at end of day. The details that make a follow-up land are gone within about an hour.

8 Readiness read

Your honest read at the moment they were standing in front of you, not what you hope is true.

- ☐ **1** Browsing. No trigger, no timeline.
- ☐ **2** Curious. Interested in the space more than the program.
- ☐ **3** Real problem, no urgency. Would start 'sometime'.
- ☐ **4** Trigger present and dated. Wants to know cost and next step.
- ☐ **5** Ready. Asked how to start, or asked for the price twice.

9 What you heard

Their goal, in their exact words

The trigger, and its date if it has one

TRIGGER

DATE

The objection they actually raised (not the one you expected)

What you said back, and how it landed

10 Follow-up prompts

Keyed to what they told you. Ask the one that matches — do not run the list.

- **They named a past failure:** "When that stopped working, what was going on in your week?"
- **They named an event with a date:** "Working back from that date, when would you want to have started?"
- **They hesitated on cost:** "Set the price aside for a second — if it were handled, is this the thing you'd want?"
- **Someone else decides:** "What will they ask you that you won't have an answer to?"
- **They want to ask their doctor:** "Good — what specifically do you want to ask them?"
- **They went quiet:** "What's the part you're not sure about?"
- **They said 'just looking':** "Fair enough. What would have to be different for it to be more than looking?"

11 Outcome

Consultation booked?

☐ Booked — date/time below

☐ Declined for now

☐ Wants to be called back

CONSULTATION DATE / TIME

BOOKED INTO

OWNER

Next action, and by when

ACTION

BY

This page is not cleared for use, and is included so the clinician has something to react to.

The weight-loss program involves prescription medication, which means eligibility screening is the practice of medicine and belongs to the supervising licensed provider — not to the showroom and not to this document. Two things must happen before any version of this page is put in front of a guest: (1) the supervising provider for WWC is identified in writing, and (2) that provider reviews, amends and signs off on the questions below as their own intake. Until then, print pages 1-3 only. See docs/research/risk-register.md R1-02.

Wherever this data ends up, it is not GoHighLevel.

Answers on this page are health information. GoHighLevel is not HIPAA-covered without an add-on that is roughly \$297/mo and cannot be cancelled once signed, and Stripe and Hostinger will not sign a BAA at all. Paper stays in a locked cabinet; the eventual tablet version must write to the clinical enclave described in docs/architecture/data-model.md, never to the CRM. Pages 1-3 are designed to be free of clinical detail precisely so they can flow to GHL safely.

12 Areas the provider's intake is expected to cover

Listed as topics for the clinician to build from. These are not authored as a clinical screener and must not be used as one.

- ☐ Height, current weight, and weight history
- ☐ Personal or family history of medullary thyroid carcinoma or MEN2
- ☐ History of pancreatitis or gallbladder disease
- ☐ Diabetes — type, current medications, insulin or sulfonylurea use
- ☐ Pregnancy, breastfeeding, or plans to become pregnant
- ☐ History of an eating disorder
- ☐ Gastrointestinal conditions, including gastroparesis
- ☐ Kidney or liver disease
- ☐ Current medications, supplements, and allergies
- ☐ Prior use of GLP-1 or weight-loss medication, and response to it
- ☐ Primary care provider, and whether they should be informed
- ☐ Recent labs, and whether new labs are required before starting

13 Provider sign-off

By signing, the provider confirms that the eligibility questions used with guests are their own, that they supervise the prescribing of this program, and that they have specified where the responses may be stored.

PROVIDER NAME	LICENSE TYPE / NUMBER
SIGNATURE	DATE