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CLIENT NAME:

CONTACT DETAILS:

CLIENT GOALS AND EXPECTATIONS

30MINUTES 1HOUR
TUESDAYS WEDNESSDAYS THURSDAYS
9:00AM 12:00NOON 6:00PM
QUESTIONS

Date_____ Signature_____

Email: jefinno@yahoo.com. Contact: 4757 Stone Mtn Hwy Lilburn GA30047. Phone: 404-935-1957