Weekly Check in Chart

Evolved Personal Training

CLIENT:	TRAINER:	DATE:
How was the Diet/ Nutrition this Week? *(calories, nutritional content etc.)*	**How was Exercise this week?** *(intensity, frequency, duration, type?)*	
Weight *(optional):*	**Bodyfat** *(optional):*	**Notes:**

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Weight *(optional):*	**Bodyfat** *(optional):*	**Notes:**