

Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Doctor B's  
Diet & Exercise Tracking Chart**

<b>Day 1</b>	<b>Day 2</b>	<b>Day 3</b>
Breakfast	Breakfast	Breakfast
Snack	Snack	Snack
Lunch	Lunch	Lunch
Snack	Snack	Snack
Dinner	Dinner	Dinner
Snack	Snack	Snack

**Remember!!! Leave out nothing – Including candy, beverages, snacks & treats**

**Exercise – type –frequency- time**

**Occupational duties/Household chores**

**Your Medical History**

Under care for \_\_\_\_\_  
Medication \_\_\_\_\_  
Vitamins supplements \_\_\_\_\_

**Family Health**

Mother \_\_\_\_\_ Father \_\_\_\_\_  
Siblings \_\_\_\_\_

**CORRECTIVE STEPS (by Dr. B)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_