

Patient:

Monday

Date:

FOOD

BEVERAGES

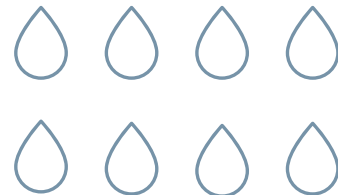
Breakfast

Lunch

Dinner

Snacks

Water Intake:



Activity/Exercise:

Amount of Time:

Energy/Mood:



Tuesday

Date:

FOOD

BEVERAGES

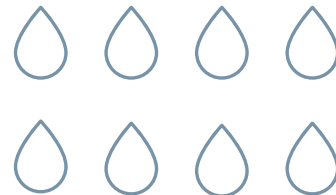
Breakfast

Lunch

Dinner

Snacks

Water Intake:



Activity/Exercise:

Amount of Time:

Energy/Mood:



Wednesday

Date:

FOOD

BEVERAGES

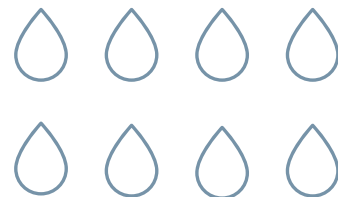
Breakfast

Lunch

Dinner

Snacks

Water Intake:



Activity/Exercise:

Amount of Time:

Energy/Mood:



Thursday

Date:

FOOD

BEVERAGES

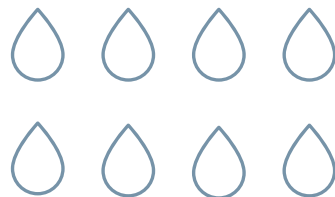
Breakfast

Lunch

Dinner

Snacks

Water Intake:



Activity/Exercise:

Amount of Time:

Energy/Mood:



Friday

Date:

FOOD

BEVERAGES

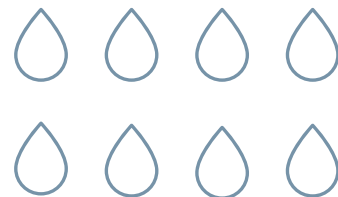
Breakfast

Lunch

Dinner

Snacks

Water Intake:



Activity/Exercise:

Amount of Time:

Energy/Mood:



Saturday

Date:

FOOD

BEVERAGES

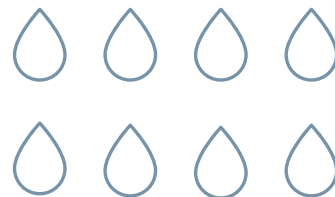
Breakfast

Lunch

Dinner

Snacks

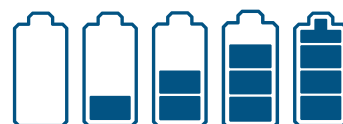
Water Intake:



Activity/Exercise:

Amount of Time:

Energy/Mood:



Sunday

Date: _____

FOOD

BEVERAGES

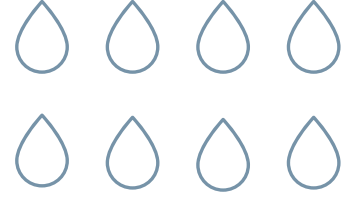
Breakfast

Lunch

Dinner

Snacks

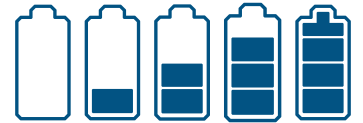
Water Intake:



Activity/Exercise:

Amount of Time:

Energy/Mood:



This Weeks Weight: _____

Next Weeks Goal Weight: _____

Next Weeks Reccomendations:

- | | | |
|---|---|---|
| <input type="checkbox"/> Reduce Alcohol | <input type="checkbox"/> Minimize Carbs | <input type="checkbox"/> Increase Activity |
| <input type="checkbox"/> Reduce Soft Drinks | <input type="checkbox"/> Increase Protein | <input type="checkbox"/> Reduce Processed Foods |
| <input type="checkbox"/> Reduce Caffeine | <input type="checkbox"/> Increase Fiber | <input type="checkbox"/> Eat Slower |
| <input type="checkbox"/> Increase Water | <input type="checkbox"/> Reduce Calories | <input type="checkbox"/> Eat Smaller Meals |



Next

Appointment _____