Body Measurements for Weight Loss Chart

Client Information	
Name:	Age:
Date of Birth:	Gender:
Reason(s) for Weight Loss:	
Medical History	
Current Symptoms:	

Current Medications:

Allergies:

Additional Comments:

Body Measurements for Weight Loss Chart

Before	After	
Date:	Date:	
Neck:	Neck:	
Chest:	Chest:	
Left Arm:	Left Arm:	
Right Arm:	Right Arm:	$ /$ $/$ $() \setminus$
Waist:	Waist:	- $ / $ $ $
Hips:	Hips:	
Left Thigh:	Left Thigh:	
Right Thigh:	Right Thigh:	
Left Calf:	Left Calf:	
Right Calf:	Right Calf:	
Weight:	Weight:	
		\bigcirc \bigcirc

Body Measurements for Weight Loss Chart

	Goal	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
Date									
Neck									
Chest									
Left Arm									
Right Arm									
Waist									
Hips									
Left Thigh									
Right Thigh									
Left Calf									
Right Calf									

Body Measurement Tracking

Additional Comments:

Practitioner Name

Practitioner Signature

Date (yyyy/mm/dd)