Body Measurements for Weight Loss Chart

Client Information

Name: ______________________ Age: ______________________

Date of Birth: ______________________ Gender: ______________________

Reason(s) for Weight Loss:

Medical History

Current Symptoms:

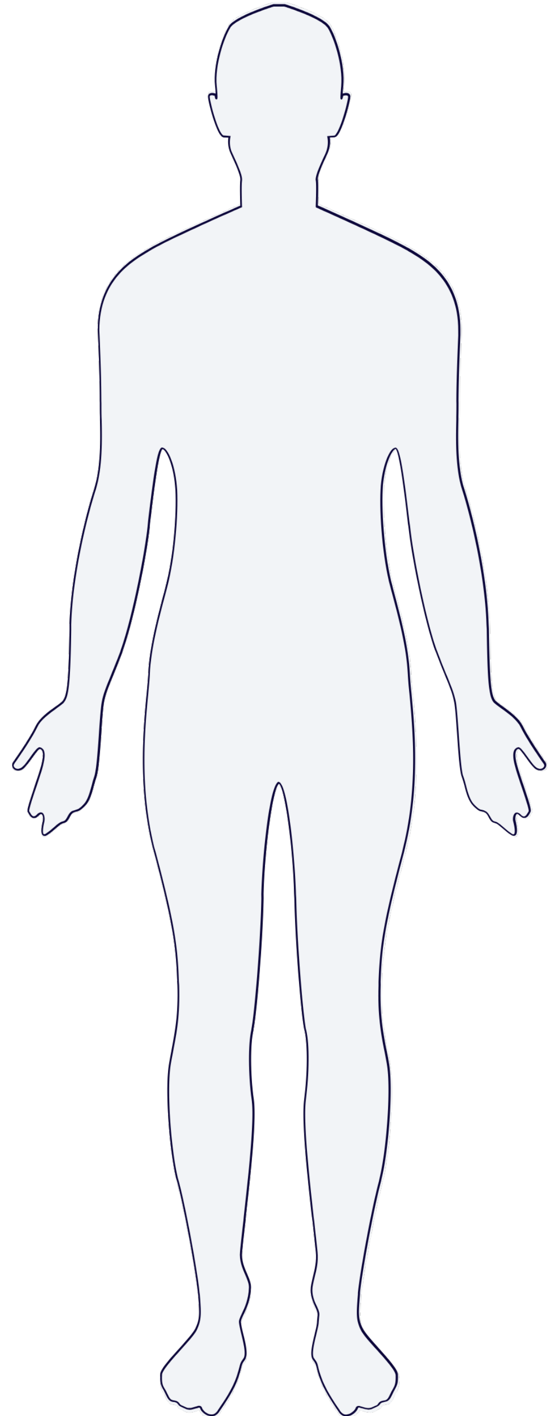
Current Medications:

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:	______________
Waist:	______________	Waist:	______________
Hips:	______________	Hips:	______________
Left Thigh:	______________	Left Thigh:	______________
Right Thigh:	______________	Right Thigh:	______________
Left Calf:	______________	Left Calf:	______________
Right Calf:	______________	Right Calf:	______________
Weight:	______________	Weight:	______________



Body Measurements for Weight Loss Chart

Body Measurement Tracking

	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									

Additional Comments:

Practitioner Name

Practitioner Signature

Date (yyyy/mm/dd)