

# Healthy Weight Loss Diet

Name:

Date of Birth:

Date:

## Personal Goals

Goal Weight: \_\_\_\_\_

## Measurements

Height:

Weight:

BMI:

Waist:

Hips:

Bust:

Arm circumference:

Thigh circumference:

Body Fat %:

Other:

Calorie Target (optional): \_\_\_\_\_ kcal

## Macronutrient Goals

Protein:

Carbohydrates:

Fats:

Fiber:

Other:

## Dietary Guidelines

**Additional Notes**

**Plan for Review**

Practitioner Name: