

# Intermittent Fasting Ketosis Diet Chart

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Weight: \_\_\_\_\_ kg Height: \_\_\_\_\_ cm

Medical History: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Lifestyle Habits: \_\_\_\_\_

## Fasting Tracker

Fasting Hours	Meal Window	Ketosis Stage
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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**Notes and Observations:**

**Progress Tracking**

Date	Weight (kg)	Blood Sugar (mf/dL)	Notes