

Name _____ email _____ Ph# _____

Starting Date _____ Today's Date _____ Circle where you are in the Program:

Round Of Formula? 1, 2, 3 Which week after Loading Phase? 1, 2, 3, 4, 5, 6 Maintenance Week? 1, 2, 3, 4

Starting Weight: _____ Start Weight (this Round) _____ Present Weight: _____ Last Weeks Wt. _____

Inches Lost last week: _____ Inches Lost since Starting _____ Body Profile Picture Y N

Are you following the Diet Instructions? (Circle)..... Strict.....Some Changes.....Big Changes

What Changes added: _____

Lifestyle changes that you have experienced, if any? Including:

Any change in medication dosage?

Cravings:

Emotional/Anxiety Changes:

Sleep Patterns:

Appetite Changes:

Grocery Shopping, style and costs:

Eating Out Patterns:

Exercise:

Goals/Perspectives:

Other symptoms (ie. constipation, headaches, dizziness, weakness, hunger, etc.) _____

Questions that you have? Please address all concerning issues with the Judd Chiropractic doctors immediately. General questions should be addressed to chirothin532@yahoo.com. They will usually be answered the same day or the next business day by email or phone. If you give permission a message can be left on a message machine.

This form must be sent by email or brought to Judd Chiropractic every week. Thank you.