

**CUSTOMER CARE – WEIGHT MANAGEMENT**

NAME: ..... Age: .....

H/P: .....

Address: .....

Email: .....

Height: ..... Weight: ..... Goal (lose, maintain, gain & how much?): .....Kgs/Pds

Work hours:.....Family:.....Hours exercise:.....

What do they eat for:

Breakfast: .....

Lunch: .....

Dinner: .....Snacks.....

Water: .....Coffee.....Milo.....Tea: ..... Cups Per Day.

Comments: .....

Medication:.....Health Issues.....

Starting day scan date.....

%body fat:..... % total body water: ..... Muscle mass: ..... Physique rating: .....

BMR: ..... Metabolic age: ..... Bone Mass: ..... Visceral Fat: .....

1 month scan date.....

%body fat:..... % total body water: ..... Muscle mass: ..... Physique rating: .....

BMR: ..... Metabolic age: ..... Bone Mass: ..... Visceral Fat: .....

2<sup>nd</sup> month scan date.....

%body fat:..... % total body water: ..... Muscle mass: ..... Physique rating: .....

BMR: ..... Metabolic age: ..... Bone Mass: ..... Visceral Fat: .....

	<u>Weight</u>	<u>Chest</u>	<u>Waist</u>	<u>Hips</u>	<u>Comments</u>
Day 1:	.....	.....	.....	.....	.....
Day 3:	.....	.....	.....	.....	.....
Wk 1:	.....	.....	.....	.....	.....
Wk 2:	.....	.....	.....	.....	.....
Wk 3:	.....	.....	.....	.....	.....
Wk 4:	.....	.....	.....	.....	.....
Wk5:	.....	.....	.....	.....	.....
Wk6:	.....	.....	.....	.....	.....
Wk7:	.....	.....	.....	.....	.....

ONGOING FOLLOW UP

