



PATIENT INFORMATION

Name: _____	Age: _____
Starting BMI (If Tracking): _____	Final BMI (If Tracking): _____
Starting Weight: _____	Final Weight: _____
Body composition Scan (If Applicable) Complete: _____	



☐ Target Area(s): _____



☐ Individual Goal(s): _____



☐ 1 Treatment Challenge Results (If Applicable): _____



DATE OF EACH SESSION:

____/____/____	____/____/____	____/____/____	____/____/____
____/____/____	____/____/____	____/____/____	____/____/____



OBJECTIVE DATA

MEASUREMENT	REFERENCE POINT (Distance from reference point included)	BEGINNING MEASUREMENT	MIDWAY MEASUREMENT	FINAL MEASUREMENT	BEFORE PICTURES (Y/N)	AFTER PICTURES (Y/N)
Waist						
Hips						
R Thigh						
L Thigh						
R Arm						
L Arm						
Natural Waist						
TOTAL INCHES						



ADDITIONAL RECOMMENDATIONS DISCUSSED: _____



NOTES: _____