



# Food Fitness First™

Name:

FFF:

Goal:



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Date:	Exercise:	Intake Factor:

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**Labs of Concern:**

Dates:

B/P:

Pulse:

**Measurements:**

Date:

Bust:

Arms:

Waist:

Hips:

Thighs:

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Date:	Exercise:	Intake Factor:

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Date:	Exercise:	Intake Factor:

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<b>Client:</b>		<b>M/F/O:</b>	
<b>FFF Score:</b>		<b>Goal:</b>	
<b>Height:</b>	<b>Weight:</b>	<b>Goal:</b>	
<b>Exercise:</b>		<b>Goal:</b>	
<b>B/P:</b>	<b>Pulse:</b>	<b>Meds:</b>	
<b>Intake:</b>	12   15   18   20		
	22   24   28   30		
<b>Exercise:</b>	0   1   2   3   4   6		
<b>0</b>	No Exercise	<b>1</b>	15 Minutes/Day
<b>2</b>	30 Minutes/Day	<b>3</b>	45 Minutes/Day
<b>4</b>	1 Hour/Day	<b>6</b>	Marathon Running
<b>Comments:</b>			
<b>FFF:</b>		<b>Date:</b>	
E-Mail Addresses if Questions:			

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<b>Labs of Concern:</b>					
<b>Dates:</b>					
<b>Chol.</b>					
<b>B/P:</b>					
<b>Pulse:</b>					
<b>Measurements:</b>					
<b>Date:</b>					
<b>Bust:</b>					
<b>Arms:</b>					
<b>Waist:</b>					
<b>Hips:</b>					
<b>Thighs:</b>					

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<b>Meetings: (FFF to Initial for Attendance)</b>		
<b>Date:</b>	<b>Topic:</b>	<b>FFF</b>
<b>Comments:</b>		
<b>Date:</b>	<b>Topic:</b>	<b>FFF</b>
<b>Comments:</b>		
<b>Date:</b>	<b>Topic:</b>	<b>FFF</b>
<b>Comments:</b>		
<b>Date:</b>	<b>Topic:</b>	<b>FFF</b>
<b>Comments:</b>		

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**Weights (weekly):**

Date: Weight:	Date: Weight:	Date: Weight:

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**Weights (weekly):**

Date: Weight:	Date: Weight:	Date: Weight:

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**Weights (weekly):**

Date: Weight:	Date: Weight:	Date: Weight:

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**Weights (weekly):**

Date: Weight:	Date: Weight:	Date: Weight:

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