

Patient's Name: _____ Date of Initial Evaluation: _____

Height: _____ Weight Starting: _____ Weight Goal: _____

	1	2	3	4	5	6
Weight						
Biceps (Right)						
Biceps (Left)						
Thigh (Right)						
Thigh (Left)						
Abdomen (Umbilicus)						
Abdomen (2" Above)						
Abdomen (2" Below)						
Hips/Buttocks						
Chest						

	7	8	9	10	11	12	13
Weight							
Biceps (Right)							
Biceps (Left)							
Thigh (Right)							
Thigh (Left)							
Abdomen (Umbilicus)							
Abdomen (2" Above)							
Abdomen (2" Below)							
Hips/Buttocks							
Chest							

	14	15	16	17	18	19	20
Weight							
Biceps (Right)							
Biceps (Left)							
Thigh (Right)							
Thigh (Left)							
Abdomen (Umbilicus)							
Abdomen (2" Above)							
Abdomen (2" Below)							
Hips/Buttocks							
Chest							