

Progress Form | Vorderingsvorm



Name: _____

Address: _____

Tel/Cell: _____

Height: _____ cm

BMI goal: _____

Start weight: _____ kg

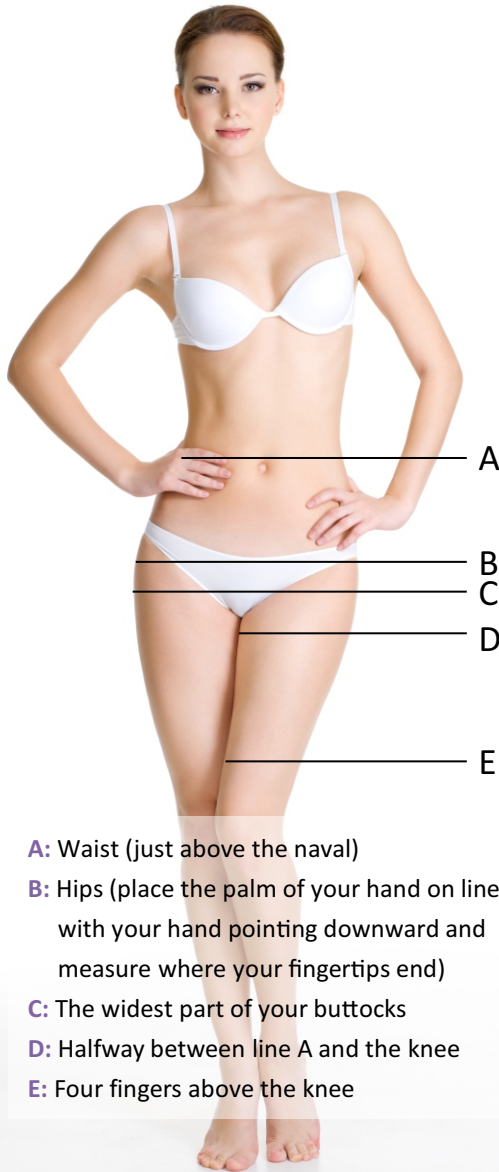
End weight: _____ kg

- Received recent photos
- Completed contract
- Confirmed good health/condition
- Confirmed current medical treatments
- Completed Annique Health Analysis

Week	1	2	3	4
Date				
Measure A	cm	cm	cm	cm
Measure B	cm	cm	cm	cm
Measure C	cm	cm	cm	cm
Measure D	cm	cm	cm	cm
Measure E	cm	cm	cm	cm
Weight	kg	kg	kg	kg

Week	5	6	7	8
Date				
Measure A	cm	cm	cm	cm
Measure B	cm	cm	cm	cm
Measure C	cm	cm	cm	cm
Measure D	cm	cm	cm	cm
Measure E	cm	cm	cm	cm
Weight	kg	kg	kg	kg

Week	9	10	11	12
Date				
Measure A	cm	cm	cm	cm
Measure B	cm	cm	cm	cm
Measure C	cm	cm	cm	cm
Measure D	cm	cm	cm	cm
Measure E	cm	cm	cm	cm
Weight	kg	kg	kg	kg



- A:** Waist (just above the naval)
- B:** Hips (place the palm of your hand on line A with your hand pointing downward and measure where your fingertips end)
- C:** The widest part of your buttocks
- D:** Halfway between line A and the knee
- E:** Four fingers above the knee