DR. MAHDIS A. BEHZADI

DATE:

Name:	Ht-	Wt-	BMI-
What brings you here?			
Why now?			
What are your goals? 3-5			
Diagnosed medical conditions?			
Medications?			
Supplements?			

DR. MAHDIS A. BEHZADI

DATE:

Exercise?
Strength
Cardio
Flexibility
Sleep?
Stress?
Occupation/ work hours?
Food log/eating habits?
Alcohol? Cigarettes? Drugs?
Other?

Day:

Meal/ Food Item:	Calories:
Breakfast:	
Snack:	
Lunch:	
Snack:	
Dinner:	
Snack:	
Daily Total:	

Daily Habits:

Water: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Fruits/Veggies: ☐ ☐ ☐ ☐ ☐

Exercise:

Day:

Meal/ Food Item:	Calories:
Breakfast:	
Snack:	
Lunch:	
Snack:	
Dinner:	
Snack:	
Daily Total:	

Daily Habits:

Water: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Fruits/Veggies: ☐ ☐ ☐ ☐ ☐

Exercise:

Day:	Food Items:	Liquid:
Breakfast:		
Snack:		
Lunch:		
Snack:		
Dinner:		
Snack:		

Goals:

1.

2.

Affirmations:

1.

2.

What to do better tomorrow:

1.

2.

Exercise:

Physical Activity: