Track Your Progress



| Name: | | | | | | | |
|----------------------|--|--|---|---|---|--|--|
| | | | | | | | |
| Date: | | | | | | | |
| Weight: | | | | | | | |
| BMI | | | | | | | |
| Neck | | | | | | | |
| Chest | | | | | | | |
| Left Arm | | | | | | | |
| Midriff | | | | | | | |
| Hips | | | | | | | |
| Left Thigh | | | | | | | |
| Total Inches Lost | | | | | | | |
| | | | - | 1 | 1 | | |
| Goal Clothing Size | | | | | | | |
| Goal Weight | | | | | | | |

^{*} this form may be dowloaded at www.wellmedicalarts.com/hcg-forms if additional sheets are needed.