Nutrition/ Weight Loss Weekly Follow Up Name:_____

Weekly Diet Review

Date:	Weight:

Strengths:

_____

Weaknesses:

_____

Alternative Choices/Recommendations:

_____

Exercise Modifications:

_____

Educational Segment:

_____

Upcoming Trigger Events:

_____

Home Work:

_____

Other: _____

Weekly Diet Review

Date:	Weight:

Strengths:

_____

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Alternative Choices/Recommendations:

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_____

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_____

Other: _____