

AHC Wellness™ Progress Tracking Log

This form is available online at: <http://www.ahcwellness.com/forms>

	Initial Visit	Goals	Month 2	Month 3	Month 4	Month 5	Month 6
	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Body Weight							
BMI							
Body Fat %							
VO ₂ -Max							
Body Site Measurements							
Neck							
Chest							
Bicep R/L Arm	/	/	/	/	/	/	/
Forearm R/L Arm	/	/	/	/	/	/	/
Waist							
Hips							
Thighs R/L Leg	/	/	/	/	/	/	/
Calves R/L Leg	/	/	/	/	/	/	/
Total Inches Lost							
Blood Pressure							
Systolic Pressure							
Diastolic Pressure							



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	Month 7 Date:	Month 8 Date:	Month 9 Date:	Month 10 Date:	Month 11 Date:	Month 12 Date:
Body Weight						
BMI						
Body Fat %						
VO ₂ -Max						
Body Site Measurements						
Neck						
Chest						
Bicep R/L Arm	/	/	/	/	/	/
Forearm R/L Arm	/	/	/	/	/	/
Waist						
Hips						
Thighs R/L Leg	/	/	/	/	/	/
Calves R/L Leg	/	/	/	/	/	/
Total Inches Lost						
Blood Pressure						
Systolic Pressure						
Diastolic Pressure						

