

Get Your Body Buzzing *Express* Individual Results

Name		Age	
Weight		Height	
Your weight history			
Why did you join the program?			
Personal Goal?			

Blood Test Results			
Full Blood Lipids		Blood Sugar	
Fasting Blood Glucose		Cortisol	
Vitamin D		Thyroid	
Full Iron Study		Ferritin	
Waist Measurement			

Medical History	
<i>(please provide relevant information here)</i>	

Sleep	
Average Hours	
<i>(Include any additional information about your sleeping patterns or activities that altered your sleep pattern)</i>	

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Exercise Routine	