



Fitness Plan

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Name _____ Age _____ Today's date ____/____/____

Pertinent Medical History _____

Ht _____ Wt _____ Waist _____ Waist-to-height ratio (goal, <0.5) _____ BMI _____

Current diet type: _____ BMI goal _____

Nutritional/dietary limitations _____

Current exercise routine _____

Exercise limitations _____

Diet plan:

**How much is a serving? Less than you think! One piece, one handful, 1/2 cup, or a palm-sized amount.*

_____ servings* per day Vegetables or vegetable juice (5)
_____ servings per day Whole grain (bread, rice, pastas) (5)
_____ servings per day Fruit or fruit juice (4)
_____ servings per day Protein (egg, meat, soy, beans, etc.) (4)
_____ servings per day Cow or soy dairy foods (2)
_____ servings/day each Oil/butter & Sugar/jam/syrup (?)

Medicinal foods:

_____ handfuls per day Tree nuts (almonds, walnuts, etc.)
_____ capsules per day Fish oil (EPA/DHA - not fish liver)
_____ cups per day Tea (green/herbal/oolong [not black])
_____ tsp/day Spices (turmeric, cinnamon, cayenne, ginger, etc.)

Special foods:

_____ per WEEK Sweets (incl. dried fruits, syrup)
_____ per WEEK Sodas/coffee drinks/energy drinks
_____ per WEEK Chips (corn, potato, fritos, etc)
_____ per WEEK Egg yolks/mayonnaise/ cream cheese
_____ per WEEK Starchy veg (potato, corn, squash, yams)
_____ per DAY Alcohol (12oz beer, 6oz wine, 1 shot)

Please avoid:

~ Artificial sweeteners (incl. stevia) or fats (olestra/'Olean')
~ "Light" pre-prepared *anything* (contain fake fats, sugars)
~ Boxed dinner mixes/baking mixes (make your own!)

Eat breakfast every day, even if fast/small _____ Snacks per day (goal: zero) No solids after supper

Exercise plan:

Endurance (sweat) Speed walking Running Rowing Swimming Biking Skating Dancing Team sport

_____ Sessions per week _____ Minutes per session

Strength (resistance) Weight machines Free weights (soup cans, dumbbells, etc.) PT bands

_____ Sessions per week _____ Minutes per session

Flexibility (range of motion) Yoga Pilates Stretches (broomstick, floor, scarf, etc.) Gym membership signup

_____ Sessions per week _____ Minutes per session

Fitness class signup


Balance (poise) T'ai chi Yoga Balance ball/board DVD/video/Wii Inversion table

_____ Sessions per week _____ Minutes per session

Four -Part Stress Management plan: 1. *Diet* (above) 2. *Exercise* (above)

3. _____ times per week: *Sensual life* (massage, pet grooming, skincare, singing/music, visual/tactile art, sexual play, etc.)

4. _____ times per week: *Spiritual work* (church, meditation, prayer, journaling, ritual, poetry reading [aloud], etc.)

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