

Patient Name: _____

Dietary Plan: Ketogenic Low Fat

Instructions: At each appointment, record the parameters below for optimal monitoring – this can be used to track and support your patient during their weight loss journey.

Appointment	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	
Date																											
	Intense Diet Phase						Diet Break		Active Diet		Diet Break		Active Diet		Diet Break		Active Diet		Diet Break		Active Diet		Diet Break		Active Diet		
Weight																											
Weight in kilograms (kg)																											
Measurements in centimetres (cm) – Ensure you are measuring the same place and limb every time. NB: Bony landmarks are more useful than points that move (e.g. the navel), as weight is lost.																											
VLA - Fat Mass (kg)																											
Neck																											
Bicep (R / L)																											
Bust/chest																											
Waist																											
Hip																											
Thigh (R / L)																											
Calf (R / L)																											
Accountability – Diet/Monitoring (since last visit):																											
Adherence to diet (0-100%)	N/A																										
Patient self-monitoring completed (# days/week)	N/A																										
Accountability – Exercise (since last visit):																											
180 minutes moderate intensity, aerobic exercise (# times per week achieved) (30 mins x 6 sessions)	N/A																										
20 minutes HIIT (# times per week achieved)	N/A																										
Note any confounding factors with date of occurrence as relevant (e.g. stressful events, changes in health, medications, other symptoms)																											