










Date: ___/___/___

BODY COMPOSITION READINGS

Name: _____ Mobile: _____

Height: _____ cm Weight: _____ kg

DATE	BMI									
		Weight	Body fat %	Body water %	Muscle Mass	Physique Rating	BMR	Metabolic Age	Bone Mass	Visceral Fat

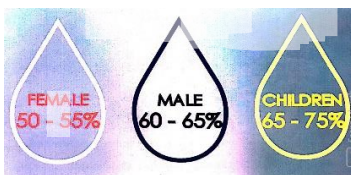
Body fat %

Bone Mass

Gender	-(Low)	0 (Normal)	+(High)	++ (Very High)
Female	5.0 - 19.9%	20.0 - 29.9%	30.0 - 34.9%	35.0 - 50.0%
Male	5.0 - 9.9%	10.0 - 19.9%	20.0 - 24.9%	25.0 - 55.0%

Less than 50 kg	50 kg to 75 kg	75 kg and up
1.95 kg	2.4 kg	2.95 kg
Less than 65 kg	65 kg to 95 kg	95 kg and up
2.65 kg	3.29 kg	3.69 kg

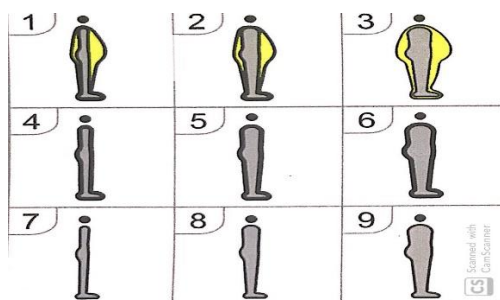
Body Water %



Visceral Fat



Physique Rating



Average weight Chart

MALE		FEMALE	
Height	Ideal Weight	Height	Ideal Weight
4' 6"	28 - 35 Kg	4' 6"	28 - 35 Kg
4' 7"	30 - 39 Kg	4' 7"	30 - 37 Kg
4' 8"	33 - 40 Kg	4' 8"	32 - 40 Kg
4' 9"	35 - 44 Kg	4' 9"	35 - 42 Kg
4' 10"	38 - 46 Kg	4' 10"	36 - 45 Kg
4' 11"	40 - 50 Kg	4' 11"	39 - 47 Kg
5' 0"	43 - 53 Kg	5' 0"	40 - 50 Kg
5' 1"	45 - 55 Kg	5' 1"	43 - 52 Kg
5' 2"	48 - 59 Kg	5' 2"	45 - 55 Kg
5' 3"	50 - 61 Kg	5' 3"	47 - 57 Kg
5' 4"	53 - 65 Kg	5' 4"	49 - 60 Kg
5' 5"	55 - 68 Kg	5' 5"	51 - 62 Kg
5' 6"	58 - 70 Kg	5' 6"	53 - 65 Kg
5' 7"	60 - 74 Kg	5' 7"	55 - 67 Kg
5' 8"	63 - 76 Kg	5' 8"	57 - 70 Kg
5' 9"	65 - 80 Kg	5' 9"	59 - 72 Kg
5' 10"	67 - 83 Kg	5' 10"	61 - 75 Kg
5' 11"	70 - 85 Kg	5' 11"	63 - 77 Kg
6' 0"	72 - 89 Kg	6' 0"	65 - 80 Kg

WELLNESS PROFILE

Your Typical Daily Diet

	Breakfast	Morning Snack	Lunch	Evening Snack	Dinner	Any other Snack
Usual time						
What I Eat						
What I Drink						
How I Feel						
Total Protein (Example: meat, poultry, eggs, beans, nuts, seeds, seafood, soy products like tofu)						

Health Problem:

- 1) Acidity: ___ 2) Thyroid: ___ 3) Arthritis: ___ 4) Diabetes: ___ 5) Uric Acid: ___
 6) Kidney: ___ 7) Migraine: ___ 8) Asthmatic: ___ 9) High/Low Blood Pressure: ___
 10) Heart Problem: ___ 11) Gynec Problem: ___

What medication you are currently taking? _____

Current:

Number of glasses of water per day _____ Number of cups of coffee/tea per day _____

Number of alcoholic drinks per day _____ or per week _____

Number of servings of fruit per day _____ Number of servings of vegetables per day _____

Number of servings per week of: Fish _____ Poultry _____ Meat _____

Number of meals eaten out per day _____

Do you take any Supplements? _____ Which ones? _____

Lifestyle:

Number of hours of sleep per night: _____

Number of times per week of exercise for at least 20 minutes: _____

Recommendations:
