



Weight loss checklist

Personal Information:

Name: Mohanapriya G

Age: 28

Gender: Female

Contact Information (Email/Phone): 9113074649

Current Health Status: Overweight

Height: 5.5 ft

Current Weight: 96kg

Body Mass Index (if known): 30kg

Any existing medical conditions (e.g., diabetes, hypertension, etc.): None

Any current medications: None

Dietary Habits:

Describe your typical daily diet: Liquid diet

Do you have any dietary restrictions or preferences (e.g., vegetarian, vegan, gluten-free)?

None

How often do you eat out or order takeout? Nope

How much water do you typically consume daily? 2 liter

Physical Activity:

Describe your current exercise routine (if any): 45 mins of full body workout



How many days per week do you exercise? 6days

What types of physical activities do you enjoy? Playing

Weight Loss Goals:

What is your primary motivation for wanting to lose weight?

Look good and health

What are your short-term and long-term weight loss goals?

10kg in 3 months

Are you aiming for a specific target weight or clothing size?

Medium

Previous Weight Loss Attempts: 2

Have you tried to lose weight in the past? If yes, please describe your experience and any challenges you faced:

Lack of diet knowledge

What strategies have worked for you in the past, if any?

Deit

Support System:

Do you have a support system (family, friends, etc.) to help you with your weight loss journey?

Yes

Are there any specific challenges you anticipate in sticking to a weight loss plan?

No



Additional Comments/Concerns:

Is there anything else you'd like to share about your weight loss journey, concerns, or preferences?

None

Signature Mohanapriya

Date: 06-03-24