BODY MEASURMENT TRACKING

& TREATMENT CHART

Client Name:_____

Special Notes:_____

Date	Visit 1/	Visit 2/	Visit 3/	Visit 4/	Visit 5/	Visit 6/	Visit 7/	
Chest								
Waist								
R. Arm								
L. Arm								
R. Thigh								
L. Thigh								
Hip								
Belly Button								