

COUNTRY CHIROPRACTIC & WELLNESS CENTER, PA
HCG DIET PROGRAM

TRACKING YOUR PROGRESS

Your Name _____ Start Weight _____
Starting Date _____ Weight Goal _____

	Week 1	Week 2	Week 3	Week 4	Week 5
Date					
Weight					
Neck					
Right Arm					
Chest					
Waist					
Stomach					
Hips					
Right Thigh					
Right Calf					
Right Ankle					
Notes:					