

Fuelling Peak Performance Individual Results

Name			Age	
Weight		Height		
Your weight history				
Why did you join the program?				
Personal Goal?				

Blood Test Results			
Full Blood Lipids		Blood Sugar	
Fasting Blood Glucose		Cortisol	
Vitamin D		Thyroid	
Full Iron Study		Ferritin	
Waist Measurement			

Medical History	
<i>(please provide relevant information here)</i>	

Sleep	
Average Hours	
<i>(Include any additional information about your sleeping patterns or activities that altered your sleep pattern)</i>	

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Exercise Routine	