Heavenly Veggies

WELLNESS WORKSHOP

Name of Participant: _____ Email: _____

MONTH / YEAR:

Primary Doctor: _____ DOB: _____ Height: ____ Ideal Wt: ____ Phone: _____

DAY:	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DATE:							
Weight / BMI	/	/	/	/	/	/	/
Waist							
Blood Pressure, [pulse]	/ [ ]	/ [ ]	/ [ ]	/ [ ]	/ [ ]	/ [ ]	/ [ ]
Fasting Blood Sugar							
Before Breakfast I							
BREAKFAST II							
Snack III							
2-hr PP Blood Sugar							
LUNCH I							
II							
Snack III							
2-hr PP Blood Sugar							
DINNER I							
II							
Snack III							
2-hr PP Blood Sugar							
EXERCISE (type / duration)							
WATER							
SUNSHINE / Fresh AIR							
TEMPERANCE [avoid trouble-makers: caffeine, nicotine, etc.]							
REST (bedtime / #hrs)							
Thank / Trust God / Joy							
SYMPTOMS (Performance)							
●Energy ●Clarity ●Emotion							
●Cardio ●Pulm ●Edema ●Skin							
●Appetite/Digestive ●Urinary							
●Muscle/Joint ●Nerve ●Pain							

N.E.W.S.T.A.R.T. ● ● NUTRITION ● EXERCISE ● WATER ● SUNSHINE ● TEMPERANCE ● AIR ● REST ● TRUST in DIVINE POWER