Girth Measurements

Client's Name: _____

Measurements:
Date: _____
/Chest
Abdomen _____ Waist _____ Hips _____

Upper Arms
Left _____ Right _____

Upper Thigh
Left _____ Right _____

Measurements:
Date: _____
/Chest
Abdomen _____ Waist _____ Hips _____

Upper Arms
Left _____ Right _____

Upper Thigh
Left _____ Right _____

Measurements:
Date: _____
/Chest
Abdomen _____ Waist _____ Hips _____

Upper Arms
Left _____ Right _____

Upper Thigh
Left _____ Right _____

DR. DONNA F. SMITH
AdvancedClinicalNutrition.com
Wichita Falls, Tx 76308
(940) 761-4045

" Promoting Exceptional Health - One Step at a Time ! "