



"A vision can only come true if, sight never leaves it" -DCS

Session Consultation

Date:		Date:	
Review of Progress		Review of Progress	
<input type="checkbox"/>	Proper Food Intake	A	B C D F
<input type="checkbox"/>	Cardio Exercise	A	B C D F
<input type="checkbox"/>	Supplmentation	A	B C D F
<input type="checkbox"/>	Resistance Training	A	B C D F
<input type="checkbox"/>	Professional Assist.	A	B C D F
Notes:	_____		
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<input type="checkbox"/>	Professional Assist.	A	B C D F
Notes:	_____		