

Personalised Food Plan

You really can eat yourself slim!



YOUR DETAILS

Your name	
Email address	
Contact number	
Address	

YOUR MEASUREMENTS

Weight		Thigh		Chest	
Height		Bicep		Midriff	
Waist		Hips		Age	

YOUR LIFE STYLE

Is your job active?	
Weekly exercise?	
Are you on any medication? <i>If yes, please detail</i>	
Do you suffer with I.B.S?	
Do you suffer with diabetes type 1 or 2?	
Do you feel bloated after eating?	
Do you get regular bouts of thrush or cystitis?	
Do you have a thick white coating on your tongue?	
Always tired, lack of motivation, feeling low in mood?	
How many times a day would you normally eat?	
Do you consume alcohol, if so how much?	
What alcohol do you drink?	
Comments	

www.laurachurch.co.uk

Always consult your doctor prior to undergoing any nutritional changes to your diet if you have any illnesses, health issues, or are taking any medications.

Your Daily Food Diary



Please keep a food diary for the next 3 days, writing down everything that you eat and drink and how you are then feeling 20 minutes afterwards – for example did you feel it left you feeling bloated.

Do this for a few days and you will soon find out if you may be intolerant to certain foods.

Please including all snacks and how much water you are drinking.

Detail what you have eaten	How you felt 20 minutes afterwards
<i>Example- Tuna Sandwich on white bread</i> <i>Example - Grilled chicken with green salad</i> <i>Example – Jam doughnuts and can of coke</i>	<i>Bloated</i> <i>Full and satisfied</i> <i>Moody tired and fatigued, bloated</i>

Once you have completed your form, please back to Laura at info@laurachurch.co.uk
Laura will then contact you shortly to discuss this with you.

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