

FirstLine Therapy™
Individual Program Plan

Name _____ Date _____

Program Goal(s) _____

Short Term Goal _____

Diet

- 1300-calorie 2000-calorie
- 1600-calorie 2200-calorie
- 1800-calorie 2400-calorie
- Meal Rplcmnt _____ servings daily

Exercise

How long

- Walking ___ Daily ___ 5X week ___ 3X week _____
- Stretching ___ Daily ___ 5X week ___ 3X week _____
- Other Aerobic ___ Daily ___ 5X week ___ 3X week _____
- Weight Train ___ Daily ___ 5X week ___ 3X week _____

Note: _____

Nutritional Supplements

Product	Breakfast	Mid-AM	Lunch	Mid-PM	Dinner