



# Claire French Wellness



Kinesiology

Homeopathy

Nutrition

Please include all foods **& drinks** and the approximate time you ate/drank these too.

**NAME:**

**DATE COMPLETED:**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
BREAKFAST							
SNACK							
LUNCH							
SNACK							
DINNER							
SNACK							

CF