

KEYSTONE WELLNESS & WEIGHT LOSS CENTER

# Monthly Protein & Water Tracker

*Small, daily choices build lasting change.*

NAME: _____	MONTH: _____	START WEIGHT: _____	END WEIGHT: _____
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**HOW TO USE:** Write the date in each box. **P** = total grams of protein eaten that day. **W** = check off one box for each 8 oz cup of water.

SUN	MON	TUE	WED	THU	FRI	SAT
Date: ____ P: _____g W: □□□□□□□□	Date: ____ P: _____g W: □□□□□□□□	Date: ____ P: _____g W: □□□□□□□□	Date: ____ P: _____g W: □□□□□□□□	Date: ____ P: _____g W: □□□□□□□□	Date: ____ P: _____g W: □□□□□□□□	Date: ____ P: _____g W: □□□□□□□□
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**YOUR GOALS — Set by your provider**

**Daily Protein Goal:** \_\_\_\_\_ grams    **Daily Water Goal:** \_\_\_\_\_ oz / \_\_\_\_\_ cups

**Provider Notes:** \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_    **Date:** \_\_\_\_\_