

# Intermittent Fasting Ketosis Chart

## Personal details

Name:

Gender:

Age:

Height:

Weight:

Medical history:

Current medications:

Fasting experience:

Lifestyle habits:

## Goals

Short term:

Long term:

## Fasting tracker

Date	Fasting hours	Meal window	Ketosis stage	Additional notes
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
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