Email *aSamanta@theArmouryClinic.ca* **Aaron Samanta ND.** *226-336-8961 The Armoury Sports Medicine & Performance Clinic* Click here to book a consult.

Aaron's rHealth Journal

NAME: ______________________________ Dates: ____________________________ Typical days: yes – no, why?__________

❑**Foods & Liquids** (qty, approx amnts,…) ❑**Energy** (scale 1-10, lows & highs) ❑**Sleep** (hours) ❑**Digestion** (bloat, gas, BM's, etc.)
❑**Mood & Stress** (draw ☺😐☹) ❑ **Fitness** (type, time, intensity) ❑ Female **cycle** ❑ **other** notes (**sleep**, **pain**, events…)

	Day **1**	Day **2**	Day **3**	Day **4**	Day **5**
AM					
Breakfast					
Am snack					
Lunch					
Afternoon snack					
Dinner					
PM					

Notes & Pharma/Nutraceuticals: