









**EXERCISE**

Type of Activity	Length of Activity	Pain Before or After Exercise? Describe

**DAILY Nutrition and Exercise Journal**

Name: \_\_\_\_\_ Day: \_\_\_\_\_ Date: \_\_\_\_\_

**NUTRITION**

Time	Food Type and Amount	Liquid Type and Amount	Supplement & Medication Type and Amount

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*Chiropractic and Wellness Specialists*  
*www.ChiroWellnessSpecialists.com*

*mail@ChiroWellnessSpecialists.com*  
*303-953-5200*



Chiropractic  
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