Client

* Name
* Phone
* Payment ID
* Measurements ID
* Personal Detail –
  + Birth day
  + Gender
  + Diet preference (veg/non veg)
  + Daily water intake
  + Enrollment (weight loss / gains)
  + LMD
  + Branch (vashi / sion)
  + Address
* Medical History –
  + History
  + Medication & vitamins
  + Family History
* Calculations
  + Height
  + Weight
  + Exercise
  + IBW
  + BMI
  + BMR
  + BF (%)
  + VF
  + BP

Payments

* Id
* Package type (consultation / etc)
* Total amount
* Amount paid
* Balance
* Start date
* End date

Measurement

* Id
* Date
* Weight
* Bmi
* Bmr
* Bf
* Vf
* Bp
* Arm
* Wrist
* Chest
* Waist
* Hip
* Thigh
* Neck
* ba