CLIENT WEIGHT RECORD

This form is intended to record weight loss or gain to clients in a community care facility. Changes in weight may indicate a health problem. Unusual weight change should be reported to the physician. This record should be maintained in the client's folder.

NAME OF CLIENT	YEAR: 2002

MONTH	DATE	WEIGHT	COMMENTS
JANUARY			
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE			
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			