Sandra’s Nursing Services L.L.C.

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**WEIGHT RECORD AND DIETARY HISTORY**

Every participant must be weighed monthly and weight recorded on this form. If there is evidence of excessive weight loss or gain (10 pounds), the participant needs to be referred to a physician for evaluation.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Date** | **Weight** | **Special Diet** | **Order Date** | **Weight Goal** |
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