Sandra’s Nursing Services L.L.C.

21106 Tall Cedar Way

Germantown, MD 20876

Office Phone: 301-212-7106

Fax: 301-212-7108

Email [rousern@verizon.net](mailto:rousern@verizon.net)

**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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