Monthly Weight Tracking for Long-term Care

Brought to you by Ensure® COMPLETE, BALANCED NUTRITION®

Year: _____

Room #	Patient Name	Jan		Feb		March		April		May		June	
		Weight	Initial	Weight	Initial	Weight	Initial	Weight	Initial	Weight	Initial	Weight	Initial

Initial: _____ Print Full Name: _____

Initial: _____ Print Full Name: _____

Initial: _____ Print Full Name: _____

Initial: _____ Print Full Name: _____

(cont'd on other side)

Monthly Weight Tracking for Long-term Care

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Year: _____

Room #	Patient Name	July		Aug		Sept		Oct		Nov		Dec	
		Weight	Initial	Weight	Initial	Weight	Initial	Weight	Initial	Weight	Initial	Weight	Initial

Initial: _____ Print Full Name: _____

Initial: _____ Print Full Name: _____

Initial: _____ Print Full Name: _____

Initial: _____ Print Full Name: _____