

**ADULT FAMILY-CARE HOME
MONTHLY WEIGHT RECORD**

Resident's
Name _____ **D.O.B.** _____ **Admission Date** _____

Resident's Height:			
Date:	Weight:	Date:	Weight:
Date:	Weight:	Date:	Weight:
Date:	Weight:	Date:	Weight:
Date:	Weight:	Date:	Weight:
Date:	Weight:	Date:	Weight:
Date:	Weight:	Date:	Weight:
Date:	Weight:	Date:	Weight:
Date:	Weight:	Date:	Weight:
Date:	Weight:	Date:	Weight:
Date:	Weight:	Date:	Weight:

Special Diet Needs (if any): _____

