WELLSPAN HEALTH
Medical Weight Management

Weekly Weight Log:Intensive Weight Loss Phase

Place Patient Identification Label Here

Starting Height:_____ft. _____in.

Starting Weight:_____lbs.

6-Week Goal Weight (3%):_____lbs.
12-Week Goal Weight (5%):_____lbs.
18-Week Goal Weight (8%):_____lbs.
24-Week Goal Weight (10%):_____lbs.

VISIT	DATE	VISIT TYPE A: Appt. WC: Weight Check	Weight (lbs)	Total Weight Change (lbs)	BMI (kg/m2)	Waist Circumference (Inches)	Neck Circumference (Inches)
		Initial Appt. *(Body Composition)*					