Weight Loss Tracker

Patient's name: _____ **Sex:** _____

Date of birth: _____ **Age:**_____

Height: _____ **Weight:** _____

Goal weight: _____ **Goal weight loss per week/month:** _____

Week/Month	Start date	Weight at start date	End date	Weight at the end date	Weight loss at the end of the week/month	Remarks/notes
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Total weight lost at the end of tracking:

Additional notes