Resident Weight Record

Resident: _____ **Room #**_____

Admission Date: ___/___/____ **Admission Weight:**_____ **Knee Height:** _____

Physician: _____ **Admission BMI:**_____ **Estimated Standing Height:** _____

Date: (Month/Day/Year)													
Unique Scale Identifier:													
Weight of resident: (lbs)													
Significant Weight Change: (%/days)*													
Date Dietary/Nur. Supervisor Notified of Sign.Change													
FHA Initial													

Date: (Month/Date/Year)													
Unique Scale Identifier:													
Weight of resident: (lbs)													
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