

Entered: __ / __ / 20__ mm dd yy	Initials: _____	Verified: __ / __ / 20__ mm dd yy	Initials: _____
Patient ID _____ - _____ - _____ ID			VISIT Visit:
<b>For office use only.</b>			

**WGT – Version: 03/16/2010 FORMV**

Form Completion Date \_\_ / \_\_ / 20\_\_ **WGTDAT**  
mm dd yy

**Directions:** Please record your most recent weight (within 12 months) by a doctor or by a professional organization and your most recent weight (within 12 months) when you weighed yourself. If you were weighed, or weighed yourself more than once in the past 12 months, please record only the most recent weight. If you do not know the exact date, please complete as much of it as you can. For example, if you know the weight is from May, 2010 but don't remember the day you can enter 05/\_\_/10 (leaving day blank). Please record weight in pounds only.

1. **In the past 12 months**, have you been weighed by a doctor or by a professional organization, such as Jenny Craig, or Weight Watchers? **PROFWGT**

0. No

**PROFM/PROFD/PROFY**

1. Yes →

1.1 When was the **most recent** date that you were weighed? \_\_ / \_\_ / \_\_  
mm dd yy

1.2 What was your weight? **WGTP** lb

2. **In the past 12-months**, did you weigh yourself at home or at a facility such as a gym? **SELFWGT**

0. No

**SELFM/SELFD/SELFY**

1. Yes →

2.1 When was the **most recent** date that you weighed yourself? \_\_ / \_\_ / \_\_  
mm dd yy

2.2 What was your weight? **WGTS** \_\_ lb