

Entered: __/__/20__

Initials: _____

Verified: __/__/20__

Initials: _____

For office use only.

Medical Weight Form – Version: 10/17/2014 FORMV

Patient ID _____ - **ID** _____ - _____ **WGT3DAT** Form Completion Date ____/____/20____
mm dd yy

Certification number: **CERT** _____ **VISIT** Visit: _____

Instructions: This form should **only** be completed for participants who come in to be weighted, if a weight is found in the medical records or if a weight is provided from a medical doctor's office.

WGT3

1. Weight: ____ ____ ____ (lb)

WGT3DATE

2. Date weighed ____/____/____ (mm/dd/yyyy)

WGT3MEAS

3. How was weight measured? 1. Tanita Scale 2. Other Scale

WGT3RPT

4. How was weight reported? 1. Coordinator (in-person) 2. Doctor's office or medical record.