

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