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Weight Loss Tracking Sheet

Start Date: _____ End Date: _____

4 WEEK PROGRAM 6 WEEK PROGRAM 9 WEEK PROGRAM ADD 3 WEEKS

Starting Weight at Home _____ Goal Weight _____ Clinic Weight _____

BP _____ HR _____ RESP _____

Chest _____ Arms _____ Navel _____ Hips _____ Thigh _____ Calf _____

YOU MUST CALL OR EMAIL YOUR WEIGHT ON SUNDAY OF EVERY WEEK		
WEEK 1	_____ lbs. lost	Weight _____
WEEK 2	_____ lbs. lost	Weight _____
WEEK 3	_____ lbs. lost	Weight _____
WEEK 4	_____ lbs. lost	Weight _____
WEEK 5	_____ lbs. lost	Weight _____
WEEK 6	_____ lbs. lost	Weight _____
WEEK 7	_____ lbs. lost	Weight _____
WEEK 8	_____ lbs. lost	Weight _____
WEEK 9	_____ lbs. lost	Weight _____

Notations: _____