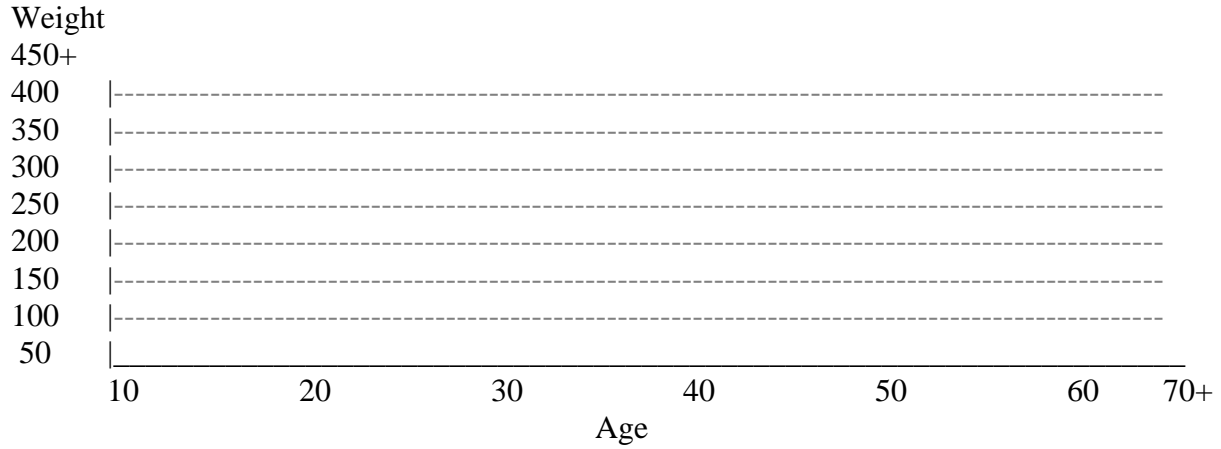


Body Weight History Form

Thank you for taking the time to fill out this short form. It will help us to determine how to serve you. On the graph below draw a line indicating your weight over your life.

Example of maintaining weight



Example of Slow Weight Gain

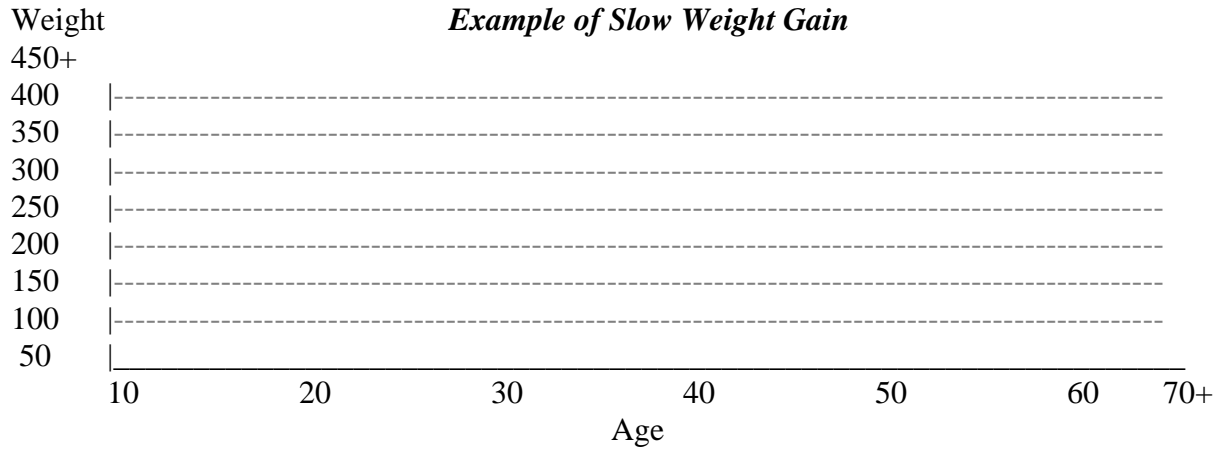
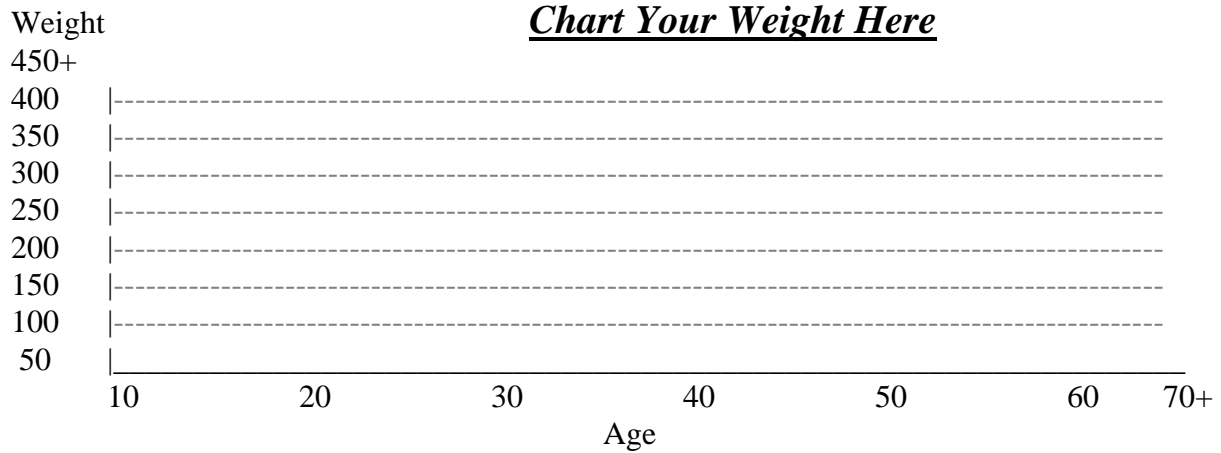


Chart Your Weight Here



Client Name _____ Date _____