San Gabriel / Pomona Regional Center

CLIENT WEIGHT RECORD

Client Name:	
UCI #:	**Date of Birth:**

*This form is intended to record weight loss or weight gain. Changes in weight may indicate a health problem. Unusual and/or unexpected weight changes (5lbs. gain or loss) should be reported to the physician.

Date	Weight	Comments	Initials

SG/PRC 805 (5/03) - Added new logo