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| --- | --- |
| **Client Name:** |  |
| **Date of Birth:** |  |
| **Physician Name:** |  |

**Month & Year Weight Log**

|  |  |  |
| --- | --- | --- |
| **Date** | **Time** | **Weight (lbs.)** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
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| **31** |  |  |