

Weight Loss Notification Form

Resident Name: _____ Current body weight: _____

Scale used:

- Standing
- Wheelchair
- Hoyer
- Other: _____

Percentage of weight loss: _____%

Significant for:

- 30 days
- 90 days
- 180 days

Action Plan

- Re-weight completed to verify weight loss
Date of re-weight: _____
Re-weight value: _____
Scale used for re-weight:
 - Standing
 - Wheelchair
 - Hoyer
 - Other: _____
- Physician notified
Date of Notification: _____
Physician Action/Order (if any): _____
- Registered dietitian notified
Date of notification: _____
Dietitian recommendations/interventions (if any): _____
- Family notified
Name of individual notified: _____
Date of notification: _____
Current diet order: _____



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Interventions

- Weekly weights
- Liberalize diet order to: _____
- Update food preferences
- Fortified food plan initiated: _____
- Supplement initiated: _____
- Referral to speech therapy
- Lab ordered: _____
- Referral for psych evaluation
- Appetite stimulant initiated: _____

Care Plan

- Care plan updated:
Date care plan updated _____

Comments