

ANTIPSYCHOTIC Weight & Waist Record		Name			
		GDC ID#			
		DOB			
		Race		Gender	
YEAR 20_____	1 ST Quarter	2 ND Quarter	3rd Quarter	4 th Quarter	
Weight (lbs) <small>MIMIMUM OF ONCE EVERY 3 MONTHS</small>					
Waist Circumference <small>MIMIMUM OF ONCE A YEAR</small>					
YEAR 20_____	1 ST Quarter	2 ND Quarter	3rd Quarter	4 th Quarter	
Weight (lbs) <small>MIMIMUM OF ONCE EVERY 3 MONTHS</small>					
Waist Circumference <small>MIMIMUM OF ONCE A YEAR</small>					
YEAR 20_____	1 ST Quarter	2 ND Quarter	3rd Quarter	4 th Quarter	
Weight (lbs) <small>MIMIMUM OF ONCE EVERY 3 MONTHS</small>					
Waist Circumference <small>MIMIMUM OF ONCE A YEAR</small>					
YEAR 20_____	1 ST Quarter	2 ND Quarter	3rd Quarter	4 th Quarter	
Weight (lbs) <small>MIMIMUM OF ONCE EVERY 3 MONTHS</small>					
Waist Circumference <small>MIMIMUM OF ONCE A YEAR</small>					