Salisbury NHS
NHS Foundation Trust

_____ Ward

Hospital No./NHS No:

Surname:
(Block letters)

First name:

ADULT WEIGHT CHART

Initial weight: _____ kg Height: _____ m BMI: _____ kg/m² Date: _____

Underweight (BMI 16 - 20) ❑ Normal (BMI 20 - 30) ❑ Obese (BMI >30) ❑

Frequency of weight assessment: daily ❑ weekly ❑ twice weekly ❑

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COMPLETE WEIGHT SCALE AGAINST 1 KG DIVISIONS AS APPROPRIATE