MONTH_____YEAR_____

NAME _____DATE OF BIRTH_____

BARIATRIC SUPPORT GROUP MEETING SCHEDULE

THIRD THURSDAY OF EACH MONTH, 6:00PM

PIEDMONT WALTON MEDICAL CENTER

(COME IN MAIN HOSPITAL ENTRANCE)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
____ DAILY WT_____ EXERCISE_____ NUTRI PTS_____	____ DAILY WT_____ EXERCISE_____ NUTRI PTS_____	____ DAILY WT_____ EXERCISE_____ NUTRI PTS_____	____ DAILY WT_____ EXERCISE_____ NUTRI PTS_____	____ DAILY WT_____ EXERCISE_____ NUTRI PTS_____	____ DAILY WT_____ EXERCISE_____ NUTRI PTS_____	____ DAILY WT_____ EXERCISE_____ NUTRI PTS_____
____ DAILY WT_____ EXERCISE_____ NUTRI PTS_____	____ DAILY WT_____ EXERCISE_____ NUTRI PTS_____	____ DAILY WT_____ EXERCISE_____ NUTRI PTS_____	____ DAILY WT_____ EXERCISE_____ NUTRI PTS_____	____ DAILY WT_____ EXERCISE_____ NUTRI PTS_____	____ DAILY WT_____ EXERCISE_____ NUTRI PTS_____	____ DAILY WT_____ EXERCISE_____ NUTRI PTS_____
____ DAILY WT_____ EXERCISE_____ NUTRI PTS_____	____ DAILY WT_____ EXERCISE_____ NUTRI PTS_____	____ DAILY WT_____ EXERCISE_____ NUTRI PTS_____	____ DAILY WT_____ EXERCISE_____ NUTRI PTS_____	____ DAILY WT_____ EXERCISE_____ NUTRI PTS_____	____ DAILY WT_____ EXERCISE_____ NUTRI PTS_____	____ DAILY WT_____ EXERCISE_____ NUTRI PTS_____
____ DAILY WT_____ EXERCISE_____ NUTRI PTS_____	____ DAILY WT_____ EXERCISE_____ NUTRI PTS_____	____ DAILY WT_____ EXERCISE_____ NUTRI PTS_____	____ DAILY WT_____ EXERCISE_____ NUTRI PTS_____	____ DAILY WT_____ EXERCISE_____ NUTRI PTS_____	____ DAILY WT_____ EXERCISE_____ NUTRI PTS_____	____ DAILY WT_____ EXERCISE_____ NUTRI PTS_____
____ DAILY WT_____ EXERCISE_____ NUTRI PTS_____	____ DAILY WT_____ EXERCISE_____ NUTRI PTS_____	____ DAILY WT_____ EXERCISE_____ NUTRI PTS_____	____ DAILY WT_____ EXERCISE_____ NUTRI PTS_____	____ DAILY WT_____ EXERCISE_____ NUTRI PTS_____	____ DAILY WT_____ EXERCISE_____ NUTRI PTS_____	____ DAILY WT_____ EXERCISE_____ NUTRI PTS_____