

Family Based Treatment					Date Commenced:			
Name:					DOB:			
Starting Weight (kg):		Starting Height (cm):			Initial goal weight (kg):		Percentile on growth chart:	
Starting BMI:					Gains of 0.5 -1kg per week, time frame needed to achieve this:			
Height review date:					Target weight review date:			
Session	Date	Weight	+ / -	Completed all meals/snacks?	Binge episodes (last 7 days)	V /L (last 7 days)	Menstruation (Y/N/NA)	Assessor