

Dry Weight Tracking

Patient Name: _____

Date	Dry Weight	Pre-Dialysis	Post-Dialysis	Notes
		Weight: _____ Blood Pressure: _____ Symptoms: <input type="checkbox"/> shortness of breath <input type="checkbox"/> swelling <input type="checkbox"/> decreased energy <input type="checkbox"/> nausea/vomiting	Weight: _____ Blood Pressure: _____ Symptoms: <input type="checkbox"/> shortness of breath <input type="checkbox"/> swelling <input type="checkbox"/> decreased energy <input type="checkbox"/> nausea/vomiting	
		Weight: _____ Blood Pressure: _____ Symptoms: <input type="checkbox"/> shortness of breath <input type="checkbox"/> swelling <input type="checkbox"/> decreased energy <input type="checkbox"/> nausea/vomiting	Weight: _____ Blood Pressure: _____ Symptoms: <input type="checkbox"/> shortness of breath <input type="checkbox"/> swelling <input type="checkbox"/> decreased energy <input type="checkbox"/> nausea/vomiting	
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