INFANT WEIGHT ASSESSMENT CHART

Infant Name: _____
Date of Birth: _____
Gender: â–¡ M â–¡ F
Birth Weight: _____

DATE	AGE (WEEKS/MONTHS)	WEIGHT (KG/LB)	PERCENTILE	CLINICIAN INITIALS
	Birth			
	1 Week			
	2 Weeks			
	1 Month			
	2 Months			
	4 Months			
	6 Months			
	9 Months			
	12 Months			

DATE	AGE (WEEKS/MONTHS)	WEIGHT (KG/LB)	PERCENTILE	CLINICIAN INITIALS

CLINICAL OBSERVATIONS & NUTRITIONAL NOTES:
Standardized Growth Assessment Tool â€¢ Universal Template