

<b>ANTIPSYCHOTIC Weight &amp; Waist Record</b>		<b>Name</b>			
		<b>GDC ID#</b>			
		<b>DOB</b>			
		<b>Race</b>		<b>Gender</b>	
<b>YEAR</b> 20_____	<b>1<sup>ST</sup> Quarter</b>	<b>2<sup>ND</sup> Quarter</b>	<b>3rd Quarter</b>	<b>4<sup>th</sup> Quarter</b>	
<b>Weight (lbs)</b> <small>MIMIMUM OF ONCE EVERY 3 MONTHS</small>					
<b>Waist Circumference</b> <small>MIMIMUM OF ONCE A YEAR</small>					
<b>YEAR</b> 20_____	<b>1<sup>ST</sup> Quarter</b>	<b>2<sup>ND</sup> Quarter</b>	<b>3rd Quarter</b>	<b>4<sup>th</sup> Quarter</b>	
<b>Weight (lbs)</b> <small>MIMIMUM OF ONCE EVERY 3 MONTHS</small>					
<b>Waist Circumference</b> <small>MIMIMUM OF ONCE A YEAR</small>					
<b>YEAR</b> 20_____	<b>1<sup>ST</sup> Quarter</b>	<b>2<sup>ND</sup> Quarter</b>	<b>3rd Quarter</b>	<b>4<sup>th</sup> Quarter</b>	
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<b>Waist Circumference</b> <small>MIMIMUM OF ONCE A YEAR</small>					
<b>YEAR</b> 20_____	<b>1<sup>ST</sup> Quarter</b>	<b>2<sup>ND</sup> Quarter</b>	<b>3rd Quarter</b>	<b>4<sup>th</sup> Quarter</b>	
<b>Weight (lbs)</b> <small>MIMIMUM OF ONCE EVERY 3 MONTHS</small>					
<b>Waist Circumference</b> <small>MIMIMUM OF ONCE A YEAR</small>					

Form no. M60-01-07

Retention Schedule: Completed forms shall be placed in the offender's medical file (section 5). At the end of the offender's need for mental health services and/or sentence, the mental health file shall be placed within the offender's health record and retained for 10 years.