



NUTRITIONAL ASSESSMENT

Patient name: _____

Record number/ Plan ID _____ Age: _____ Gender: F M

- S:** Good appetite Poor appetite Anorexia Early Satiety Nausea
 Vomiting Diarrhea Constipation Impaired mastication Dysphagia
 Food allergies _____ Intolerances _____ Religious or cultural food practices: _____ Other: _____
 None _____

O: Medication and Supplements

Biochemical Data

Lab Results:

Medical Test

Outcomes: _____

Anthropometric Measurements:

- Ht _____ Actual Wt _____ IBW (%IBW) _____ Usual Wt (%UBW) _____
 BMI _____ kg/m² NC _____ cm Anthropometric criteria only: BMI < 30 + two or more elevated anthropometric measurements BMI plus anthropometric criteria: BMI ≥ 30 + an elevated anthropometric measurement Preclinical obesity
 Clinical obesity Wt Change _____ Other: _____

Diet Information

Diet Pattern: _____

Diet Recall: _____

Diet History: _____

Previous Diet:
Attempts: _____

Any Disordered
Eating Thoughts
Or Behaviors: _____

Physical Activity

Physical Activity History:

Physical Limitations
And Past or
Existing Injuries:

Any Exercises that
Interest the Patient:

A: Nutritional Diagnosis

Nutrition Diagnosis
Based on
Assessment Data: _____

PES Statement: _____

Intervention

Nutrition

Prescription: _____

P: Nutritional Plan

Patient Education: _____

SMART Goals: _____

Monitoring and Evaluation

Progress Evaluation: _____

Follow-up

Care: _____

Name and Title: _____ Date/Time: _____

