SAMPLE NUTRITIONAL ASSESSMENT

ASSESSMENT

Client History:

Food/Nutrition Related History:

Diet/Supplements PTA
Food allergies/intolerances/religious or cultural food practices
Age Specific/Other Considerations
Current Diet/TF Regimen

Anthropometric Measurements:

<table>
<thead>
<tr>
<th>Ht</th>
<th>Wt</th>
<th>IBW(%IBW) ( %)</th>
<th>UBW (%UBW) ( %)</th>
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<tr>
<td>BMI  kg/m²</td>
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Underweight  □  Adequate □  Overweight □  Obese □  Morbidly Obese

Weight Change: □  None □  Intentional □  Unintentional

Details

Biological Data, Medical Tests and Procedures:

Relevant Laboratory Values
Medications

Nutrition-Focused Physical Findings:

□ Edema/Ascites  □  Skin Muscle Wasting  □  Hydration Status  □  Nausea  □  Vomiting  □  Diarrhea  □  Constipation  □  Anorexia
□ Early Satiety  □  Dysphagia  □  Other  □  None

Comparative Standards:

Estimated Nutrition Needs: Kilocalories
grams protein ( grams per kg) Fluid needs: milliliters ( )

Present nutrient intake meeting needs: □  Unable to assess □  Yes □  No

NUTRITION DIAGNOSIS

Problem
Etiology
Signs/Symptoms

Problem
Etiology
Signs/Symptoms

NUTRITION INTERVENTION(S)

Intervention: Goal
Intervention: Goal
Intervention: Goal

MONITORING/EVALUATION

Recommendations:

Date/Time: Signature: