

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:

Ht Wt IBW(%IBW) (%) UBW (%UBW) (%)
BMI kg/m² 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: