



ORANGE COUNTY OFFICE FOR THE AGING SENIOR DINING PROGRAM NON-MEAL PARTICIPANT

NUTRITIONAL COUNSELING

PARTICIPANT INFORMATION

NAME _____ DATE OF BIRTH _____ MALE FEMALE

MARITAL STATUS: SINGLE MARRIED WIDOWED DIVORCED LEGALLY SEPARATED

SOCIAL SECURITY #: _____ HOME PHONE/CELL PHONE: _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

APARTMENT NAME _____ APT. NUMBER _____

MAILING ADDRESS (IF DIFFERENT) _____

EMERGENCY CONTACT INFORMATION

(1) NAME _____ RELATIONSHIP _____

ADDRESS _____

HOME PHONE: (_____) _____ Work/Cell Phone (_____) _____

(2) NAME _____ RELATIONSHIP _____

ADDRESS _____

HOME PHONE: (_____) _____ Work/Cell Phone (_____) _____

PHYSICIAN: _____ ADDRESS: _____

PHONE: _____

FOR STATISTICAL PURPOSES WE NEED THE FOLLOWING INFORMATION

Do you live alone? Yes No **IF NO**, how many people in your household? _____

With whom? Spouse Family Friend Group Home

Are you disabled/frail? Yes No

Please estimate your yearly income (based on your income you may be eligible for additional programs and services) \$ _____ PER YEAR Refused

Are you a veteran? Yes No Are you a Spouse of a veteran? Yes No

Please indicate your ethnicity: Non-Minority (White) African American Hispanic Origin
 Asian American Indian/Alaskan Native Native Hawaiian or other Pacific Islander

PARTICIPANT SIGNATURE _____ **DATE** _____

Participant's Name _____

REQUIRED NUTRITION INFORMATION FOR NUTRITIONAL COUNSELING

Current Weight _____ **Height** _____ **Recent weight changes:** (+) or (-) _____ lbs in past 6 Months

TYPE OF DIET: Regular (No Salt Added) Diabetic Low Sodium Other _____

Food Allergies (not likes and dislikes): None Chocolate Citrus Dairy Eggs Fish Peanuts/Nuts Shellfish
Tomato Wheat/Gluten Other _____

Meat Consistency: Whole Cut-up Ground **Gravy:** Yes No

Nutrition Risk Score Screening:
 Please "√" "YES" or "NO" to the following questions:
 For the questions below, write the corresponding number of points in the score box for each "Yes" response.

	Y	N	SCORE
Have you made any changes in lifelong eating habits because of health problems?			2
Do you eat fewer than 2 meals per day?			3
Do you eat few (less than 5) vegetables or fruits, or milk products per day?			2
Do you have 3 or more drinks of beer, liquor or wine almost everyday?			2
Do you have trouble eating well due to problems with chewing/swallowing?			2
Is your ability to buy nutritious foods limited because you do not have enough money or food stamps to buy the food you need?			4
Do you eat alone most of the time?			1
Do you take 3 or more prescribed or over-the-counter drugs a day?			1
Have you lost or gained 10 pounds in the past 6 months?			2
Are you not always physically able to shop, cook, and/or feed yourself, (or get someone to do it for you)?			2

TOTAL SCORE FOR NUTRITION SCREEN:

For office use only: Nutritional Risk Status: High (score of 6 or more) Moderate (score 3-5) Low (2 or less)
**** High Risk Scores should be referred to the RD for nutrition assessment/diet education****

Nutrition/Medical History: Please "√" "YES" or "NO" to the following questions:	Y	N
Do you have a recent history of an eating disorder like anorexia and or bulimia?		
Do you have a recent history of treatment for cancer requires chemotherapy or radiation that is interfering with your appetite?		
Do you have a recent history of colitis that requires that your diet be restricted?		
Do you have edema or swelling of your legs or feet?		
Do you have diabetes that has not been addressed by a dietitian or nutritionist?		
Do you have digestive problems that limit the amount and/or kind of foods that you can eat?		
Have you had a heart attack or stroke that has not been addressed by a dietitian or nutritionist?		
Do you have high blood pressure that is not well controlled with medication or a low salt diet?		
Do you have trouble swallowing that limits your food or liquid intake?		
Do you have a history of high cholesterol that requires education about a diet?		
Do you have a history of liver disease that requires a change in diet?		
Do you have a history of kidney disease that requires education?		
Do you need nutrition education that you would like to speak to a dietitian about? Specify:		

For office use only: Data Entered _____