

Medication/Botanicals/Vitamins	Dosage	Reason for Taking	Potential Interactions/Notes

Alcohol Use: Never Occasional _____ Social _____ Other/Drinks per day _____

Nutritional Risk Status: _____ COMPASS/Congregate Screen (Dated _____) Other _____ Notes: _____

Ht. (in) _____ **Wt. (lbs.)** _____ **Amputations** No Yes _____ **BMI** _____ **Usual Wt** _____

Weight Assessment Normal Wt. Overweight % _____ Obese % _____ Underweight % _____ Notes: _____

Recent Wt. Changes: _____ **Appetite:** _____

Hydration: Hydrated Appears Dehydrated **Skin:** Intact Wounds: _____ Edema: _____

Current Meal Pattern/Meal Times

Breakfast _____

Lunch _____

Dinner _____

Snacks/Supplements _____

Food Insecurity Issues: Food Shopping: Self Others _____ **Limited Income** Food Stamps/Food Pantry

Functional Status: Vision No Impairment Limited Vision _____ Impaired Ambulation _____

Mental Status: Alert/Orientation Forgetful Confused/Depressed Nervous/Anxious _____

Ability to prepare Food/Feed Self: No Impairment Cannot prepare meals Cannot Open Containers Cannot cut food

Facilities Avail: Microwave Stove Toaster Oven Refrigerator Freezer Unable to use facilities _____

Adaptive Devices _____ **Current Functional Assistance:** HHA _____ Family _____

Understanding of Diet/Diet Compliance: Good Fair Poor **Food Safety Issues** No Yes _____

NUTRITIONAL ASSESSMENT/NUTRITIONAL COUNSELING

Nutritional Risk: High Moderate Low **Related to:** Past Medical History BMI Nutrition Risk Screen _____

Other _____ **Nutritional Diagnoses** _____ **Interactions** _____

Client/Caregiver would benefit from nutritional counseling on _____

Client has Food Safety Issues requiring education _____

Education refused or provided on _____ **Date** _____

_____ **Date** _____

Recommended Follow-Up _____

Notes: _____

Registered Dietitian