

☐ Admission ☐ Significant Change
☐ Readmission ☐ Annual

NUTRITIONAL EVALUATION

History and Data Collection

☐ Other: _____

Date of Admission: _____ Date of Birth: _____ Age: _____ Gender: ☐ M ☐ F

Diagnoses: _____

Diet Order: _____

Drug Allergies: _____

Food Allergies: _____

PHYSICAL CHARACTERISTICS

Height: _____ Weight: _____ Usual weight: _____ BMI: _____ IBW: _____ Adjusted body weight: _____

Amputation: ☐ No ☐ Yes, specify body part and adjust IBW _____

Recent weight change: ☐ No ☐ Yes, specify _____

ENERGY NEEDS

Needs _____ cal _____ gm protein _____ mL fluid Other _____

Calculated by _____ formula/method _____

ORAL/DENTAL STATUS

☐ Own teeth: ☐ Yes ☐ No ☐ Decay ☐ Tooth loss ☐ Gum disease ☐ No teeth ☐ Mouth pain ☐ Dry mouth

☐ Lip/mouth lesions ☐ Toothache

☐ Dentures: ☐ Upper ☐ Lower Fit _____ ☐ Partial: ☐ Upper ☐ Lower Fit _____

☐ Will not/does not wear dentures/partials

EATING ABILITY

☐ Self-help device needed, type _____ ☐ Chewing problems _____

☐ Swallowing problems _____

Tube fed: ☐ No ☐ Yes, specify current delivery: ☐ Pump ☐ Gravity ☐ Bolus Type of tube: ☐ PEG ☐ NG ☐ J-tube

Formula provides _____ cal/day _____ gm protein/day _____ mL fluid/day ☐ Other _____

Enteral feeding provides 100% USRDA for vitamins/minerals as ordered: ☐ Yes ☐ No, specify: _____

Flush orders: _____

Tolerant of tube feeding: ☐ Yes ☐ No, probable cause of intolerance: _____

Ability to return to oral food intake: _____

PHYSICAL/MENTAL LIMITATIONS

☐ Paralysis ☐ Upper limb immobility ☐ Contractures Ambulation: ☐ Independent ☐ With assist ☐ Wheelchair ☐ No amb.

☐ Confused ☐ Combative ☐ Non-responsive ☐ Disoriented ☐ Alert ☐ Language barrier ☐ Paces ☐ Wanders ☐ Other

Comments: _____

CLINICAL OBSERVATIONS

☐ Edema ☐ Diarrhea ☐ Constipation ☐ Vision impairment ☐ Glasses ☐ Hearing impairment ☐ Hearing aid: ☐ L ☐ R

☐ Poor appetite ☐ Vomiting ☐ Nausea ☐ Impaired sense of smell ☐ Impaired sense of taste ☐ Receiving dialysis

Skin intact: ☐ Yes ☐ No, explain: _____

APPLICABLE MEDICATIONS (specify type and frequency)

TYPE	DRUG(S)	TYPE	DRUG(S)
Vitamin/Mineral supplement(s)		Antacids	
Antibiotics		Anti-inflammatories	
Herbal supplements		Appetite stimulants	
Diuretics		Anti-nausea	
Potassium (K+) replacements		Laxatives	
Psychotropics/Antipsychotics		Anticonvulsants	
Cardiac drugs		Chemotherapy	
Insulins		Antiparkinsons	
Oral antidiabetics		New drug(s) in past 30 days	

NAME—Last

First

Middle

Attending Physician

Record No.

Room/Bed

