



XC200380

_____ Hospital / Health Service WACHS Dietetics Outpatient Nutrition Assessment Assessed By: _____ Assessment Date: _____	Surname		UMRN / MRN	
	Given Name		DOB	Gender
	Address			Post Code
				Telephone

Reason for referral:	Date of referral:
Referral Source:	Priority:

A CLIENT HISTORY												
Past Medical History:												
Family Medical History:												
Social History:												
Smoking:												
Additional Notes:												
○ Interpreter Language:												
ANTHROPOMETRIC MEASUREMENTS												
Weight:	kg	Date:	/	/	Height:	cm	BMI:		IBW:			
Weight history:												
Other: <input type="checkbox"/> SGA <input type="checkbox"/> PG-SGA <input type="checkbox"/> MNA <input type="checkbox"/> MST												
BIOCHEMICAL DATA, MEDICAL TESTS and PROCEDURES												
Date												
BGLs (range):												
Other medical tests / procedures:												
NUTRITION-FOCUSED PHYSICAL FINDINGS												
Appetite: <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Improving _____												
<input type="checkbox"/> Nausea / vomiting <input type="checkbox"/> Early satiety <input type="checkbox"/> Taste changes <input type="checkbox"/> Poor dentition/ oral health <input type="checkbox"/> Febrile												
<input type="checkbox"/> Muscle/ Subcut fat wasting <input type="checkbox"/> Dysphagia <input type="checkbox"/> Oedema / ascites <input type="checkbox"/> Wound / Pressure Ulcer <input type="checkbox"/> Reflux												
Bowel Hx: _____ <input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhoea												
Other:												
FOOD & NUTRITION-RELATED HISTORY												
EN / PN: _____ (attach regimen)												
Previous nutrition education:												
Past diets followed:												
Allergies / intolerance:												
Medications:												
Alternative Medicine / Supplements:												
Knowledge/ Belief / Attitudes:												
Readiness to Change:												
Nutrition-related ADLs and IADLs:												
Physical activity:												
Additional notes:												

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A	DIET HISTORY				Recent intake: <input type="radio"/> 25% <input type="radio"/> 50% <input type="radio"/> 75% <input type="radio"/> 100%
	Breakfast:		Lunch:		Dinner:
	Morning tea:		Afternoon tea:		Supper:
	FOOD FREQUENCY				
	Breads and Cereals Bread Bread roll Cereal Rice Pasta Crackers	Meat and Alternatives Red meat Poultry Fish Processed meat Legumes Eggs Nuts Tofu	Fruit Fresh Tinned Dried Juice Drinks Water Flavoured milk Soft drink Tea Coffee Alcohol	Discretionary Foods Oil / Butter / Margarine Dressing Pastries Biscuits / Cake Chips Lollies Chocolate Cream Ice cream Salt Takeaway	
	Additional Notes:				
	COMPARATIVE STANDARDS				
	Estimated Energy Intake kJ		Estimated Protein Intake g		Estimated Fluid Intake L
	Estimated Energy Requirement kJ		Estimated Protein Requirement g		Estimated Fluid Intake L
	Energy equation used:			IF:	AF: Weight used:
D	PES statement: (Problem) <i>related to...</i> (Aetiology) <i>as evidenced by...</i> (Signs and Symptoms)				
I	Prescription / Goal:				
	Nutrition Intervention:				
Resources provided:					
Referred to:					
M / E	Review:				
	To assess on review:				

ASSESSMENT COMPLETED BY:

Print Name:

Signature:

Date / Time:

Contact: