



MEDICAL NUTRITION THERAPY PATIENT ASSESSMENT

Student:	Section:
Patient:	Age:
Admit Date:	Sex:
Status:	Unit #:
Attending:	Room/Bed:

** Nutritional Assessment Adult **

Food/Nutrition-Related History:

GI:

Current Diet Order:

Comments:

Pain interfering with po intake?: Days NPO/Clear Liquids:

Skin Risk Score: Skin:

Primary Diagnosis:

PMH:

Surgery/Procedures/Tests:

Nutritionally Significant Labs

Sodium:	Potassium:	Prealbumin:	TRIG:	CO2:
Chloride:	Calcium:	Albumin:	TChol:	Glucose:
Phosphorus:	MG ⁺⁺ :	Creatinine:	HDL:	A1C:
Other Labs:	Glycos. Hg:	BUN:	LDL:	



MEDICAL NUTRITION THERAPY PATIENT ASSESSMENT

Height:	ft:		in:		cm:		PP Weight:	lb:		oz:		kg:	
Weight:	lb:		oz:		kg:		BMI:						
IBW:	lb:		oz:		kg:		PP BMI:						
ABW:	lb:		oz:		kg:		% IBW:						

** Nutritional Assessment Adult **

WT History:

Nutritionally Significant Meds:

Nutrition Needs:

Estimated REE:

Estimated Calorie Needs:

Estimated Protein Needs:

Estimated Fluid Needs:

Comments:

Nutrition Education Needs Assessed?

Comments:

Degree of Nutritional Risk:

Nutrition Diagnosis

1:

2:

Nutrition Prescription/Intervention

Intervention #1:

Goal #1:

Intervention #2:

Goal #2:

Intervention #3:

Goal #3: