Henry Ford Behavioral Health

Date:

MRN:

Name:

Date of Birth:

Nutrition Assessment

Current Nutrition Prescription: _____

Previous Diet: _____ Appetite:_____

Current weight: _____ Usual weight: _____ Height: _____ Age: _____ Sex: M/F

Ideal weight range: _____ % Ideal Body Weight:_____ Body Mass Index: _____

Pediatric Growth Chart: % Height _____ % Weight_____

Weight history: ☐ Stable; Weight change less _____pounds, more_____ pounds in _____ Days/ Week/ Months

Food Allergies / Intolerance / Religious Food practices: ☐ none know ☐ Yes_____

Nutritionally Significant Diagnosis: _____

_____

Estimated Calorie needs based on: ☐ Actual body weight ☐ adjusted body weight

Estimated Kilocalories: _____ (_____Kilocalories / kilogram) or Resting Energy Expenditure times _____ Activity Factor times _____Stress Factor) +/- _____calories)

Protein: _____ gram (_____gram / kilogram) Fluid: _____ milliliters (___milliliter / kilogram)

DATES:	**Normal**	Abnormal level(s)
Glucose		
Sodium / Potassium		
BUN / Creatinine		
Albumin / Pre-albumin		
Calcium / Phosphorus		
Thyroid Function		
Cholesterol/HDL/LDL/triglycerides		
RBC/Hemoglobin/Hematocrit		
Other		

Food / Drug Interactions: _____

Nutrition Note: _____

_____

_____

_____

_____

Nutrition Plan: _____

Recommendations:

A. No nutritional treatment at this time.
B. Provide education _____ ☐ verbal ☐ handout
C. Follow up as referred by staff / Dr. / Patient
D. Other: _____

_____ _____

RD Signature / Title / Date/Time Print Signature