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| **SERVICE USER DATA** | | | | | | | | | | | | | | | |
| **NHS number** |  | | | | **Date of Birth** | | | |  | | | | | | |
| **Name** |  | | | | | | | | | | | | | | |
| **APPOINTMENT DATA** | | | | | | | | | | | | | | | |
| **Date (dd/mm/yyyy)** | | | **Time (hh:mm)** | | **Appointment number** | | | | | | | **New/Review** | | | |
|  | | |  | |  | | | | | | |  | | | |
| **REASON FOR REFERRAL** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **ASSESSMENT** | | | | | | | | | | | | | | | |
| **Anthropometrics** | | | | | | | | | | | | | | | |
| **Weight (kg)** |  | | | **Height (m)** |  | | | **BMI (kg/m2)** | | | | |  | | |
| **Weight history** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Handgrip strength** | |  | | **Skinfold thickness (mm)** | | |  | | | | **MUAC (cm)** | | | |  |
| **Biochemistry** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Clinical** | | | | | | | | | | | | | | | |
| **Past medical history** | | | | | | | | | | | | | | | |
| **Investigations** | | **Symptoms** | | | **Diagnoses** | | | | | **Medications** | | | | | |
|  | |  | | |  | | | | |  | | | | | |
| **Dietary** | | | | | | | | | | | | | | | |
| **Recent changes** | | | | | **Eating behaviours** | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | |
| **Typical day** | | | | | **Assessment** | | | | | **Requirements** | | | | **Intake** | |
|  | | | | | **Energy (kcal/d)** | | | | |  | | | |  | |
| **Protein (g/d)** | | | | |  | | | |  | |
| **Fibre (g/d)** | | | | |  | | | |  | |
| **Fluid (ml/d)** | | | | |  | | | |  | |
| **Environmental (behavioural/social)** | | | | | | | | | | | | | | | |
| **Living/hobbies/employment** | | | | | | **Shopping/cooking** | | | | | | | | | |
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| **Support** | | | | | | **Barriers** | | | | | | | | | |
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| **Functional** | | | | | | | | | | | | | | | |
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| **NUTRITION AND DIETETIC DIAGNOSIS (NDD)** | | |
| **Summary of Assessment and Clinical Reasoning** | | |
|  | | |
| **Problem** | **Aetiology (causes)** | **Signs & Symptoms** |
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| **Strategy** | |
| **Proposed Outcome** | **Intervention Category** |
|  |  |
| **Outcome Indicator** | **Outcome indicator value pre-intervention** |
|  |  |
| **Dietetic SMART Goals** | |
|  | |

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| **IMPLEMENTATION** | |
| **Actions** | |
|  | |
| **Plans for Review** |  |

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| **EVALUATION** | | | |
| **Proposed outcome achieved?** | YES/NO | **Outcome indicator value post intervention** |  |
| **Reduced medication** | YES/NO |
| **Comments and compliments on dietetic intervention** |  | | |

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| **DIETITIAN NAME** |  | **DIETITIAN SIGNATURE** |  |