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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** |
|  |  |
| **Support** | **Barriers** |
|  |  |
| **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** |  |