“A HEATHY OUTSIDE STARTS FROM INSIDE.”

Robert Urich

Patient Nutrition Assessment Form

PERSONAL INFORMATION:

Name: Sameen Irshad S/W/D of: Muhammad Irshad

Address: Iqbal Colony, Sargodha

Address line 2

City: Sargodha Phone: 0346-8976254

Birth Date: Thursday, October 12, 1995 Age: 25

Height: 64” Weight: 69 Kgs

Sex: Female Blood Type: O+

Occupation: Student Marital Status: Unmarried

No. of children (if married): Click or tap here to enter text. Pregnancy? ☐Yes ☒ No

Number of family member: 6 family members (Include children, parents, relatives, and/or friends. Please include ages.) Example: Sarah, age 7, sister

Name of Care provider: Click or tap here to enter text.

Date of Admission: Click or tap to enter a date

Date of last physical exam: Click or tap to enter a date.

WEIGHT HISTORY:

Current weight: 69 kgs Height: 64”

Weight 1 year ago: 65kgs Desired weight: 55kgs

Any recent weight changes: weight gain

SGA RATING:

☒Well-nourished ☐Moderately-malnourished ☐Severely-malnourished

NUTRITIONAL GOALS:

*Purpose of meeting with dietician:

I want a weight loss diet plan

*Nutrition-related goal:

Weight loss

*Health-related goal:

Click or tap here to enter text.

*Nutritional Habits that should be avoided:

1.eat fast food

2. take beverages

3.Click or tap here to enter text.

*Challenges with nutritional goal:

none

Any previous experience or diet plan followed:

none

WILLINGNESS CHART:

How willing are you	Yes/No
To modify your diet	yes
To take nutritional supplement	yes
To make your food diary daily	yes
To modify lifestyle	yes
To follow relaxation techniques	yes
For physical exercise	yes
For laboratory examination	yes

PAST MEDICAL AND SURGICAL HISTORY:

Disease or Symptom: none

Description: none

Relative with same disease? none

Any injury? none

Surgical attempt? none

Diagnostic studies:

1.none

2.none

3.none

4.none

Medical Symptom Questionnaire

Feeling ill from: Past 30 days

HEAD: hair loss, thin hair

EYES: pale and yellow

EAR: normal

NOSE: normal

SKIN: dry

MOUTH: dark and rough tounge

HEART: normal

LUNGS: normal

GIT: loss of apetite

MUSCLES AND JOINTS: fatigue

MEMORY AND COGNITION: loss of interest, insomnia

LIFESTYLE HISTORY:

Physical activity or work out details: no physical activity

Metabolism status: ☒ Low stress ☐Moderate stress ☐High stress

Sleep wake cycle: wake-up time 11 am

sleep time 2 am

Water intake: 6 glasses/day

Functional capacity:

☐Bed ridden ☐ Ambulatory ☒Active

Addiction:

☐Smoking ☐ Alcoholic ☐Drug abuse _____

MEDICINE AND SUPPLEMENT INTAKE

Medication	Dose per Day	From	Till
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.

Are you allergic to any medications? ☐Yes ☒ No

Please list: Click or tap here to enter text.

DIGESTIVE HISTORY:

Symptom associated with digestion of food eaten? ☐Yes ☒No

How often you feel following symptoms?

Heartburn: Click or tap here to enter text. Bloating/Gas: Click or tap here to enter text.

Bloating: Click or tap here to enter text. Nausea/vomiting: Click or tap here to enter text.

Stomach pain: Click or tap here to enter text. Diarrhea: Click or tap here to enter text.

DIET HISTORY

Type of diet before hospitalization: Click or tap here to enter text.

Type of diet after hospitalization: Click or tap here to enter text.

calorie intake during 24 hours: Click or tap here to enter text.

Fluid intake: ☐Oral ☐IV

Daily consumption of food from each group:

Milk Products: Click or tap here to enter text.

Bread and Cereals: Click or tap here to enter text.

Fruits: Click or tap here to enter text.

Vegetables: Click or tap here to enter text.

Meat: Click or tap here to enter text.

Fat: Click or tap here to enter text.

How often you consume following in a week?

Carbonated Beverages: several times

Bakery Products: daily

Fast Food: every week