Admission Date: _____ Date of Birth: _____ Sex: ☐ M ☐ F

Eating Status: ☐Independent ☐Supervision ☐Limited Assist
☐Extensive Assist ☐Total Depend
Cognitive Status: ☐Alert ☐Oriented ☐Confused
Stated Appetite: ☐Good ☐Fair ☐Poor
Alcohol Use: ☐Y ☐N   ◆   **Smoke:** ☐Y ☐N
Adaptive Equipment: ☐Y ☐N _____

Oral Problems: ☐Chewing ☐Swallowing ☐Mouth pain
Teeth: ☐Own ☐Missing ☐Dentures ☐Edentulous
Vision: ☐Good ☐Fair ☐Poor ◆ Hearing: ☐Good ☐Fair ☐Poor
Height: _____ **Weight:** _____ **UBW:** _____
☐ Weight measured or ☐stated by: _____
On a planned weight ☐loss ☐gain program: ☐Y ☐N
Preferred Dining Location: _____
Food Preferences Provided by: _____

Ethnic, Religious, Cultural Preferences obtained: ☐Y ☐N
Milk ◆ Dairy _____
Meat ◆ Egg ◆ Cheese _____
Fruit ◆ Juice _____
Vegetable ◆ Salad _____
Bread ◆ Cereal _____
Beverage Preferences _____
Portion Size Requested: ☐Small ☐Medium ☐Large
Complaints about taste of many foods   ☐Y ☐N
Regular or repetitive complaints of hunger   ☐Y ☐N
Leaves 25% of food uneaten at most meals   ☐Y ☐N
Weight loss   ≥ 5% X 30 days   ☐Y ☐N
Weight gain   ≥ 5% X 30 days   ☐Y ☐N
Weight loss   ≥ 10% X 180 days   ☐Y ☐N
Weight gain   ≥ 10% X 180 days   ☐Y ☐N

Skin Condition: Intact ☐Y ☐N ◆ ☐Rash ☐Tears ☐Stasis Ulcers ☐Pressure Sores: I – II – III – IV _____

☐ Diet Order: _____

☐ Nourishment/Supplement: _____   ☐Thickened Liquids Viscosity: ☐Nectar ☐Honey ☐ _____

☐ Enteral Order: _____ Formula _____ cc x _____ hrs via ☐EP ☐Gravity ☐Bolus per ☐NGT ☐GT ☐JT

to provide a total of _____ cc/ _____ calories in 24 hours.   Flush tube with _____ cc's H$_2$O q _____

Diagnosis: _____
_____

Vitamins/Minerals: _____   Allergies: _____

Data collected by: _____   *(Name/Title)* Date: _____

Medications: _____
Laboratory Data

Date	Hgb	Hct	Albumin	Pre Albumin	FBS	Na+	K+	BUN	Creat	TSH/Other

Anthropometrics: IBW _____   DBW _____ **% deviation from DBW** _____   **BMI** _____

Estimated Nutrient & Energy Needs: Calories: _____

Protein: _____   ◆ **Fluid:** _____

RD Assessment: *Show factors used for calculating estimated nutrient & fluid needs; whether intake meets needs, current nutritional status: rationale for diet & consistency; risk factors; opportunites for advancement; goals and plan.*

Estimated nutritional needs are met with current intake ☐Y ☐N ◆ Estimated % meal intake to meet nutrional needs: _____

Additional nutrients needed to meet estimated needs: ☐Y ☐N _____

Fluid needs are met with current volume ☐Y ☐N ◆ Additional fluid needed to meet estimated needs: ☐Y ☐N _____
_____
_____

SIGNATURE: _____   RD   DATE: _____

RD notes continued on reverse side.

Room #	Name:	Physician:	Resident #

NUTRITIONAL SCREENING & DATA COLLECTION FORM