



FOOD ORDERING & NUTRITION SCREENING (DOWNTIME FORM)

FOOD ORDERING

Please tick appropriately

DIET TYPE

- ☐ Non Vegetarian
☐ Vegetarian

FOOD TEXTURE

- ☐ Normal
☐ Soft
☐ Blended
☐ Weaning Diet (For 6 - 12 months old)

NORMAL HEALTHY DIET ☐

THERAPEUTIC DIET *(Tick all that applies):*

- | | | | |
|--|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Protein | <input type="checkbox"/> High Calorie | <input type="checkbox"/> Low Bacteria |
| <input type="checkbox"/> Dialysis | <input type="checkbox"/> Low Protein | <input type="checkbox"/> Low Potassium | <input type="checkbox"/> Gluten Free |
| <input type="checkbox"/> Fluid Restriction | <input type="checkbox"/> Low Residue | <input type="checkbox"/> Fat Free | |

FOOD ALLERGY *(Tick all that applies):*


- | | |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> Seafood | <input type="checkbox"/> Soybean |
| <input type="checkbox"/> Fish | <input type="checkbox"/> Milk |
| <input type="checkbox"/> Chicken | <input type="checkbox"/> Nuts |
| <input type="checkbox"/> Egg | <input type="checkbox"/> Wheat |


Others *(If applicable)*


NUTRITION SCREENING (Please tick the relevant boxes)


Description of Patient's Condition

3 point each tick

Pressure Ulcer ☐ 


Dysphagia ☐ 


Tube Feeding ☐ 


Chylothorax ☐ 


3 Point Total Score

2 point each tick

Cardiac cachexia ☐ 


ESRD ☐ 


Underweight BMI <18.5kgm2 ☐ 


Heart Failure ☐ 


2 Point Total Score


1 point each tick

GI symptom (diarrhea / vomiting) ☐ 

Diabetes uncontrolled ☐ 

Obesity BMI >30kgm2 ☐ 

Poor appetite ☐ 

CKD ☐ 

1 Point Total Score

Grand Total Score

Unfit for physical measurement ☐

☐ I hereby acknowledge that this patient nutrition scoring is correct.

Comments

Risk Levels:

No Risk	0	
Low Risk	1 - 5	refer to dietitian (to access within 48 hours)
High Risk	>= 6	refer to dietitian (to access within 24 hours)

Name : _____

Signature: _____

Date & Time: _____