



NABH ACCREDITED

**MGM****NEW BOMBAY HOSPITAL, VASHI**Organisation Accredited
by Joint Commission International
JCI ACCREDITED

UHID : MGM16035596

Ward : Single A/C Unit- 8th Floor

Name : MRS. LALITA RAVINDRA LOKHANDE

IP No : MGMIP2406662

Date : 03-10-2024 15:04:35

Bed: 806

Age : 68 Yrs 2 Mth Gender : FEMALE

Nutritional Assessment Form**Nutritional Assessment Form**

Diagnosis : FEVER, DM, HTN

Height 160 cm

Weight 62 kg

BMI

24

Food Allergy

No

If Yes Specify

INITIAL SCREENING

(PLEASE CHECK THE APPLICABLE BOXES)

1. Has the patient reduced dietary intake in the last week? No
2. Is the patient severely ill? (e.g. In intensive therapy) No
3. Is Patient Diabetic? Yes
4. Is BMI < 20.5? No

I Preference of Diet : NON VEG

II Weight loss : No Weight gain : No in last 3 months : If Yes how much?

III Appetite

 Virtually Nil : No
 Poor : No
 Good : Yes
GASTROINTESTINAL SYMPTOMS

- IV Diarrhoea : NO Vomitting : NO
- Constipation : No
- Difficulty in eating : No
- Eating with assistance : No
- No Difficulty : -
- Nausea : No
- Anorexia : No
- If any problem in
- Swallowing : No
- Chewing : No
- V Bedsore : No Grade : -

FINAL SCREENING

Impaired Nutritional Status

YOUR SCORE

ABSENT SCORE 0

Normal nutritional status

0

MILD SCORE 1

Weight loss >5% in 3 months or food intake below 50%-75% of normal requirement in preceding week

MODERATE SCORE 2

Weight loss >5% in 2 months or BMI 18.5-20.5+ impaired general condition or food intake 25%-60% of normal requirement in preceding week

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