RAMH - Nutritional Risk Assessment		Client Name:	
		D.O.B:	
Do you check/clear out unused food:-			
Daily			
			1
Weekly			,
	*		
Less frequently			
Do you understand used by dates			
			8
Are you taking any	L		
Are you taking any		***************************************	
Prescibed medication			
			7
Vitamin supplements			
Iron Tablets			
Laxatives			
Lanauves			