Day, Date PNC Name

### **Patient Code:**

ICD 9 Code/s: Site of visit Complaint/Reason patient stated for visit: Pt. Visit: (New or Follow-Up)

#### Subjective:

Any conversation that is related to nutrition, nutrition diagnosis, nutrition concerns. This could involve discussion of any barriers to adequate nutrition. If patient discussed information from any physician or other medical personnel, you write that the patient stated that medical personnel told the patient that... (whatever was claimed).

Mention any nutrition-related advice you suggested for patient. Document whether you recommended that patient see medical personnel for concerns or continued treatment related to a particular medical-related issue/concern.

#### **Objective:**

Age, height, weight, gender, BMI, BF

Lab Results:

Estimated caloric needs:

BMR male: 655 + (9.6 x weight kg) + (1.8 x height cm) - (4.7 x age in years) 655 + (9.6 x 104.5 kg) + (1.8 x 154.94 cm) - (4.7 x 24 yrs) = 1824.29 TEE: (XXXX) BMR x 1.2 Activity Factor = X calories

Medications: Supplements:

#### Assessment/Diagnosis:

This section can be confusing. Only write what you *assess* the issues to be. Other information would be either in Subjective or Plan.) Include assessment based on BMI; stage of change.

E.g. Patient will need ongoing support and reinforcement of goals. Weight has been a lifelong struggle, so will need to understand the extent of the commitment required to attain a healthy lifestyle. Needs to increase number of healthy snacks throughout their day; fruit or vegetable with a healthy fat.

PES Problem: ...... (as related to...) Etiology: ...... (as evidenced by...) Signs/Symptoms: BMI of (E.g.) and diet history

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## Plan:

- Patient agrees to try to: (E.g.)
  ✓ Return for follow-up appointment
  ✓ Fill out dietary journal
  ✓ Add a snack composed of a fruit/veggie with a fat/dairy
  ✓ Continue commitment to exercise