**Patient Code Number:**

mmdd(patient initials)(time)(PNC first name)

ICD 10 Code:

Date patient was seen:

Complaint/Reason patient stated for visit:

Pt. Visit: (New)

Site of Visit: (HP, OASIS, MC, PC, Other)

**ASSESSMENT**

***Food/Nutrition-Related Hx***:

***Food Allergies/Intolerances*:**

***Pertinent Meds, include complementary/alternative medicine use:***

Patient reports taking the following:

***Knowledge/beliefs, food and supplies availability:***

***Physical activity/exercise:***

***Anthropometric measurements:***

Patient age:

Gender:

Date of birth:

Height: ft. in. cm

Weight: lbs. kg

Weight History:

UBW:

IBW:

BMI:

BF:

Pt Wt Goal:

***Biochemical Data (e.g., electrolytes, glucose), Medical Tests, & Procedures* (**only if lab work is provided**)**

***Nutrition-Focused Physical Findings (physical appearance, muscle and fat wasting, appetite, and affect):***

***Self-Reported Client Hx (Personal hx, medical/health family hx, treatments, including complementary/alternative, & social hx):* Patient states that ….**

**Additional notes:** Any thoughts, observations that will help you with your diagnosis [next step]

**DIAGNOSIS** [Include each category as well as the NCP code number for each]

***Intake***

***Clinical***

***Behavioral-Environmental***

***Which domain does this fall into?***

(You MUST show your work.)

Estimated caloric needs: Based on Mifflin St Jeor Equation:

* BMR female: (10 x weight [kg]) + (6.25 x height cm) - (5 x age in years) - 161

E.g. (10 x 58 kg) + (6.25 x 163 cm) – (5 x 53 yrs) - 161

(580) + (1019) – (265) - 161= 1173 calories

* TEE: 1173 BMR x 1.5 Activity Factor = 1760 calories
* \* Adjusted TEE:
* \* Be sure to adjust TEE for weight goal, either + or – from total TEE calories above.

[The formula for a the BMR male is: (10 x weight [kg]) + (6.25 x height cm) - (5 x age in years) + 5]

**PES Statement**

Problem:

Etiology:

Signs/Symptoms:

Patient is in the (what stage of change?)

**INTERVENTION**

**Treatment Goals/Expected Outcomes to Address Nutrition Diagnosis**

Patient agrees to try to:



***Interventions*:**

***Recommendations*:**

***Educational material provided***:

***Coordination of Nutrition Care:***

**MONITORING & EVALUATION**

**PNC [RDN] Follow-up plan:** [Must comment on each of the following]

**Intake**

**Clinical**

**Behavioral**