**Dietitian’s Assessment** **Inpatients:**

**Dietitian:**

Assessment date: Admission date:

|  |  |  |  |
| --- | --- | --- | --- |
| **Consent** |  | | |
| **Anthropometry** | | | |
| Weight | kg | | |
| Height | m | | |
| BMI | kg/m2 | | |
| Handgrip | kg | | |
| Investigations and Clinical Information | | | |
| Score from immediate nutrition risk screen and risks identified: | | |  |
| Score from 72-hour nutrition risk screen and risks identified: | | |  |
| Score from community nutrition risk screen and risks identified: | | |  |
| Medical diagnosis(es) | | |  |
| Current medication | | |  |
| Relevant Test Results | | | . |
| Relevant clinical symptoms | | |  |
| Menstruation | | |  |
| Bowels | | |  |
| **Background to referral/clinical presentation and history:** | | | |
| **Weight History** | |  | |
| Lowest Adult Weight | |  | |
| Highest Adult Weight | |  | |
| Recent Weight Change | |  | |
| Diet History- Past eating/childhood eating | |  | |
| Diet History –Current/Recent Eating | |  | |
| Vegetarian/Vegan? | |  | |
| Food preferences /selectivity/  foods avoided/sensory difficulties | |  | |
| Food allergy/intolerance | |  | |
| Fluid | |  | |
| Alcohol | |  | |
| Supplements | |  | |
| Restricting Behaviour | |  | |
| Bingeing/Uncontrolled Eating | |  | |
| Purging Behaviour | |  | |
| Exercise | |  | |
| **Background information** | | | |
| Household Composition | | | . |
| Other significant others | | |  |
| Employment/Education/Occupation | | |  |
| Motivation/readiness to change | | |  |
| Sources of Support | | |  |
| **Concerns** | | |  |
| Dietary Diagnosis | | |  |
| Aims of intervention | | |  |
| **Plan and Goals** | | | |
|  | | | |
| **Assigned Care Pathway** | | | Inpatient |