**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 |