

# DIETITIAN NUTRITIONAL INTERVENTION SCREENING

PAT \_\_\_\_\_ Living Unit \_\_\_\_\_ Resident Name \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Physician \_\_\_\_\_

1. Diagnosis: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Mobility Status/Activity Level:

- Ambulatory
- Wheelchair
- Bedridden
- Other \_\_\_\_\_

3. Anthropometric Data:

Current Height \_\_\_\_\_ Date \_\_\_\_\_  
 Current Weight \_\_\_\_\_ Date \_\_\_\_\_  
 Suggested Body Weight (SBW) Range \_\_\_\_\_

Weight/Height Profile last 5 years:

Date:

Weight	Weight	Weight	Weight	Weight
Height	Height	Height	Height	Height

Recent Weight Changes:

\_\_\_\_\_ Loss 30 days \_\_\_\_\_ Kg/Lbs  
 \_\_\_\_\_ Gain 60 days \_\_\_\_\_ Kg/Lbs  
 \_\_\_\_\_ % change 120 days \_\_\_\_\_ Kg/Lbs

Measurement of body's fat stores

- a. Triceps skinfold (TSF) \_\_\_\_\_  
 Invalid if edema is present
- b. Body Mass Index

Resident Name: \_\_\_\_\_

4. Current Diet and Texture: \_\_\_\_\_

5. OT Evaluation/Feeding Skills      Date \_\_\_\_\_

a. Feeding position \_\_\_\_\_

b. After meal position \_\_\_\_\_

c. Meal completion time \_\_\_\_\_

d. Mealtime positioning equipment \_\_\_\_\_

6. General level of intake:     All of Meal

75% of Meal

50% of Meal

25% of Meal

7. Fluid Intake:

Recommended fluid intake \_\_\_\_\_

Adequate

Inadequate

8. Biochemical Data:

a. Urinalysis: Specific gravity

b. Serum Protein, Albumin

c. Hemoglobin., Hematocrit

d. BUN

e. Total White Cell Count

f. Electrolytes, sodium and potassium

g. Calcium

h. Other—e.g., Serum cholesterol, if applicable