

Date _____ Time _____

Initial Assessment Reassessment

Data: Indications for Nutritional Assessment

Poor intake/Weight loss/Weight gain
 Other _____
Usual Diet/Special Nutrition Needs _____
Person assisting with meals _____

Height _____ ft _____ in Weight _____ lbs
UBW _____ lbs
BMI _____

Patient Goals

Reduction in fat/saturated fat intake
 Reduction in sodium intake
 Weight loss/Weight maintenance/Weight gain
 Improvement in portion control
 Improvement in blood sugar control
 Other _____

Lab Values

Date ____/____/____
TC _____ LDL chol _____ HDL chol _____
TG _____ BG _____ Info not available
A1C _____

Action

Informal Nutrition Counseling _____
 Educational materials provided _____
 Recommended outpatient counseling with dietitian DCC _____ OP RD _____
 Nutrition Workshop _____

Anticipated Adherence: good fair poor **Receptive to Learning/Cooperative:** good fair poor

Comments _____

Plan:

monitor for weight loss/gain follow-up for assessment of dietary modifications
 monitor lab values as available continue with weekly nutrition presentation
 Other _____

RD Notes:

Patient-Last Name, First Name, Middle Initial M F _____ Age

Admission Number Date Birth Date

Physician Name

Patient Identification Medical Record Number RD, CD Signature Date Time

184923 3/30/11

CARDIOPULMONARY REHAB
NUTRITIONAL ASSESSMENT SUMMARY



	Currently follows	Advice given	Aware but does not want to follow	NA
Appropriate meal spacing				
Sensible Snacks				
Weight loss concepts/portion control				
Low fat dairy products				
Lower fat protein products				
Appropriate food preparation methods/ Appropriate dietary fats				
Increasing fiber/oatmeal				
Low sodium guidelines				
Reasonable restaurant guidelines				
Omega-3 fatty acids (fish, walnuts, flax)				
Soy products				
Diabetes guidelines				
Food/Drug interaction				
Supplements Vitamins/Minerals				
Herbs/Botanicals				
Pro/Cal Replacements				

M F _____
 Patient-Last Name, First Name, Middle Initial Age

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NUTRITIONAL ASSESSMENT SUMMARY**