FORM 2001

Admission Date:

DCS

DIETITIAN CONSULTING SERVICE, LLC NUTRITION ASSESSMENT

Pertinent Diagnosis & PMH: Diet Order: Nourishments: Height: Weight: UBW: BMI: Weight History/ Sig. Wt. Change (5% in 1 month, 7.5% in 3 months, 10% in 6 months): Mental Status: Communication: Feeding Ability: Adaptive Equipment: Chewing/Swallowing Status: Mouth Pain: Skin Integrity: Bowel Abnormalities:					Date:			
Does resident accept diet/texture? Yes/No Explain: DATA COLLECTION DOB:	CUDIEC	rive.						
DATA COLLECTION DOB:	SUBJECT	IIVE:						
DATA COLLECTION DOB:								
DATA COLLECTION DOB:								
DATA COLLECTION DOB:								
DATA COLLECTION DOB:	Door rosio	lant againt diat/taytu	ra? Vas/No Evnlain					
DOB:	Dues lesic	ieni accept diet/textu	ie: Tes/No Explain.					
DOB:			D A	ATA COI	LECTION			
Diet Order: Height: Weight: UBW: BMI: Weight History/ Sig. Wt. Change (5% in 1 month, 7.5% in 3 months, 10% in 6 months): Mental Status: Communication: Feeding Ability: Adaptive Equipment: Chewing/Swallowing Status: Mouth Pain: Skin Integrity: Bowel Abnormalities: Intake: Other: MEDICATIONS LABORATORY DATA DATE LAB RESULT DATE LAB RESULT Albumin Pre-Albumin Potassium Pre-Albumin Prosphorus Hemacorit BUN MCV Creatinine Calcium Cholesterol Osmolality Triglyceride					Food Allergies/Intolerances:			
Diet Order: Height: Weight: UBW: BMI: Weight History/ Sig. Wt. Change (5% in 1 month, 7.5% in 3 months, 10% in 6 months): Mental Status: Communication: Feeding Ability: Adaptive Equipment: Chewing/Swallowing Status: Mouth Pain: Skin Integrity: Bowel Abnormalities: Intake: Other: MEDICATIONS LABORATORY DATA DATE LAB RESULT DATE LAB RESULT Albumin Pre-Albumin Potassium Pre-Albumin Prosphorus Hemacorit BUN MCV Creatinine Calcium Cholesterol Osmolality Triglyceride								
Height: Weight: UBW: BMI: Weight History/ Sig. Wt. Change (5% in 1 month, 7.5% in 3 months, 10% in 6 months): Mental Status: Communication: Feeding Ability: Adaptive Equipment: Chewing/Swallowing Status: Mouth Pain: Skin Integrity: Bowel Abnormalities: Intake: Other: MEDICATIONS LABORATORY DATA DATE LAB RESULT DATE LAB RESULT Albumin Sodium Pre-Albumin Potassium Hemoglobin Phosphorus Hematocrit BUN MCV Creatinine Cholesterol Cholesterol Osmolality Triglyceride Communication: Mouth Pain: Mouth Pain: Sodium Pain: BUN Creatinine Creatinine Cholesterol Osmolality	Pertinent I	Diagnosis & PMH:						
Height: Weight: UBW: BMI: Weight History/ Sig. Wt. Change (5% in 1 month, 7.5% in 3 months, 10% in 6 months): Mental Status: Communication: Feeding Ability: Adaptive Equipment: Chewing/Swallowing Status: Mouth Pain: Skin Integrity: Bowel Abnormalities: Intake: Other: MEDICATIONS LABORATORY DATA DATE LAB RESULT DATE LAB RESULT Albumin Sodium Pre-Albumin Potassium Hemoglobin Phosphorus Hematocrit BUN MCV Creatinine Cholesterol Cholesterol Osmolality Triglyceride Communication: Mouth Pain: Mouth Pain: Sodium Pain: BUN Creatinine Creatinine Cholesterol Osmolality								
Height: Weight: UBW: BMI: Weight History/ Sig. Wt. Change (5% in 1 month, 7.5% in 3 months, 10% in 6 months): Mental Status: Communication: Feeding Ability: Adaptive Equipment: Chewing/Swallowing Status: Mouth Pain: Skin Integrity: Bowel Abnormalities: Intake: Other: MEDICATIONS LABORATORY DATA DATE LAB RESULT DATE LAB RESULT Albumin Sodium Pre-Albumin Potassium Hemoglobin Phosphorus Hematocrit BUN MCV Creatinine Cholesterol Cholesterol Osmolality Triglyceride Communication: Mouth Pain: Mouth Pain: Sodium Pain: BUN Creatinine Creatinine Cholesterol Osmolality								
Weight History/ Sig. Wt. Change (5% in 1 month, 7.5% in 3 months, 10% in 6 months): Mental Status: Communication: Feeding Ability: Chewing/Swallowing Status: Mouth Pain: Bowel Abnormalities: Intake: Other: MEDICATIONS LABORATORY DATA DATE LAB RESULT DATE LAB RESULT Albumin Sodium Pre-Albumin Potassium Hemoglobin Phosphorus Hematocrit BUN MCV Creatinine Calcium Transferrin Cholesterol Triglyceride Triglyceride Triglyceride	Diet Order:				Nourishments:			
Weight History/ Sig. Wt. Change (5% in 1 month, 7.5% in 3 months, 10% in 6 months): Mental Status: Communication: Feeding Ability: Chewing/Swallowing Status: Mouth Pain: Bowel Abnormalities: Intake: Other: MEDICATIONS LABORATORY DATA DATE LAB RESULT DATE LAB RESULT Albumin Sodium Pre-Albumin Potassium Hemoglobin Phosphorus Hematocrit BUN MCV Creatinine Calcium Transferrin Cholesterol Triglyceride Triglyceride Triglyceride								
Mental Status: Feeding Ability: Chewing/Swallowing Status: Mouth Pain: Skin Integrity: Intake: Other: MEDICATIONS LABORATORY DATA DATE LAB RESULT DATE LAB RESULT Albumin Pre-Albumin Pre-Albumin Hemoglobin Hemoglobin Hemoglobin Hematocrit BUN MCV Calcium Cholesterol Cholesterol Triglyceride Communication: Mouth Pain: Sodium Palloumin Palloumin Potassium Phosphorus BUN Creatinine Transferrin Cholesterol Osmolality Triglyceride	_	eight: Weight:					BMI:	
Feeding Ability: Chewing/Swallowing Status: Skin Integrity: Intake: Other: MEDICATIONS LABORATORY DATA DATE LAB RESULT DATE LAB RESULT Albumin Potassium Pre-Albumin Potassium Hemoglobin Phosphorus Hematocrit BUN MCV Creatinine Calcium Transferrin Cholesterol Osmolality Triglyceride Adaptive Equipment: Mouth Pain: Mouth Pain: Mouth Pain: Sodium Persame Result BUN Creatinine Cholesterol Osmolality Triglyceride	Weight Hi	istory/ Sig. Wt. Chan	age (5% in 1 month, 7.5	5% in 3 m	onths, 10% i	n 6 months):		
Feeding Ability: Chewing/Swallowing Status: Skin Integrity: Intake: Other: MEDICATIONS LABORATORY DATA DATE LAB RESULT DATE LAB RESULT Albumin Potassium Pre-Albumin Potassium Hemoglobin Phosphorus Hematocrit BUN MCV Creatinine Calcium Transferrin Cholesterol Osmolality Triglyceride Adaptive Equipment: Mouth Pain: Mouth Pain: Mouth Pain: Sodium Persame Result BUN Creatinine Cholesterol Osmolality Triglyceride								
Feeding Ability: Chewing/Swallowing Status: Skin Integrity: Intake: Other: MEDICATIONS LABORATORY DATA DATE LAB RESULT DATE LAB RESULT Albumin Potassium Pre-Albumin Potassium Hemoglobin Phosphorus Hematocrit BUN MCV Creatinine Calcium Transferrin Cholesterol Osmolality Triglyceride Adaptive Equipment: Mouth Pain: Mouth Pain: Mouth Pain: Sodium Persame Result BUN Creatinine Cholesterol Osmolality Triglyceride	Montal Status				Communication			
Chewing/Swallowing Status: Skin Integrity: Bowel Abnormalities: Intake: Other: MEDICATIONS LABORATORY DATA DATE LAB RESULT DATE LAB RESULT Albumin Sodium Pre-Albumin Potassium Hemoglobin Phosphorus Hematocrit BUN MCV Creatinine Calcium Transferrin Cholesterol Calcium Transferrin Cholesterol Consultation Cosmolality Triglyceride Osmolality Triglyceride								
Skin Integrity: Intake: Other: MEDICATIONS LABORATORY DATA DATE LAB RESULT DATE LAB RESULT Albumin Sodium Pre-Albumin Potassium Hemoglobin Phosphorus Hematocrit BUN MCV Creatinine Calcium Transferrin Cholesterol Osmolality Triglyceride Other: MEDICATIONS RESULT DATE LAB RESULT BUN Creatinine Coloesterol Osmolality Triglyceride	Feeding Ability:					Adaptive Equipment:		
Intake: MEDICATIONS	Chewing/Swallowing Status:					Mouth Pain:		
MEDICATIONS LABORATORY DATA	Skin Integ	rity:		Bowel Abnormalities:				
LABORATORY DATA LAB RESULT DATE LAB RESULT Albumin Sodium Pre-Albumin Potassium Hemoglobin Phosphorus Hematocrit BUN MCV Creatinine Calcium Transferrin Cholesterol Osmolality Triglyceride	Intake:				Other:			
LABORATORY DATA LAB RESULT DATE LAB RESULT Albumin Sodium Pre-Albumin Potassium Hemoglobin Phosphorus Hematocrit BUN MCV Creatinine Calcium Transferrin Cholesterol Osmolality Triglyceride				MEDIC	ATIONS			
DATELABRESULTDATELABRESULTAlbuminSodiumPre-AlbuminPotassiumHemoglobinPhosphorusHematocritBUNMCVCreatinineCalciumTransferrinCholesterolOsmolalityTriglycerideTriglyceride				MEDIC				
DATELABRESULTDATELABRESULTAlbuminSodiumPre-AlbuminPotassiumHemoglobinPhosphorusHematocritBUNMCVCreatinineCalciumTransferrinCholesterolOsmolalityTriglycerideTriglyceride								
DATELABRESULTDATELABRESULTAlbuminSodiumPre-AlbuminPotassiumHemoglobinPhosphorusHematocritBUNMCVCreatinineCalciumTransferrinCholesterolOsmolalityTriglycerideTriglyceride								
DATELABRESULTDATELABRESULTAlbuminSodiumPre-AlbuminPotassiumHemoglobinPhosphorusHematocritBUNMCVCreatinineCalciumTransferrinCholesterolOsmolalityTriglycerideTriglyceride								
DATELABRESULTDATELABRESULTAlbuminSodiumPre-AlbuminPotassiumHemoglobinPhosphorusHematocritBUNMCVCreatinineCalciumTransferrinCholesterolOsmolalityTriglycerideTriglyceride								
DATELABRESULTDATELABRESULTAlbuminSodiumPre-AlbuminPotassiumHemoglobinPhosphorusHematocritBUNMCVCreatinineCalciumTransferrinCholesterolOsmolalityTriglycerideTriglyceride								
DATELABRESULTDATELABRESULTAlbuminSodiumPre-AlbuminPotassiumHemoglobinPhosphorusHematocritBUNMCVCreatinineCalciumTransferrinCholesterolOsmolalityTriglycerideTriglyceride								
DATELABRESULTDATELABRESULTAlbuminSodiumPre-AlbuminPotassiumHemoglobinPhosphorusHematocritBUNMCVCreatinineCalciumTransferrinCholesterolOsmolalityTriglycerideTriglyceride								
Albumin Sodium Pre-Albumin Potassium Hemoglobin Phosphorus Hematocrit BUN MCV Creatinine Calcium Transferrin Cholesterol Osmolality Triglyceride								
Pre-Albumin Potassium Hemoglobin Phosphorus Hematocrit BUN MCV Creatinine Calcium Transferrin Cholesterol Osmolality Triglyceride Osmolality	DATE		RESULT		DATE		RESULT	
Hemoglobin Phosphorus Hematocrit BUN MCV Creatinine Calcium Transferrin Cholesterol Osmolality Triglyceride								
Hematocrit BUN MCV Creatinine Calcium Transferrin Cholesterol Osmolality Triglyceride								
MCV Creatinine Calcium Transferrin Cholesterol Osmolality Triglyceride								
CalciumTransferrinCholesterolOsmolalityTriglycerideOsmolality								
Cholesterol Osmolality Triglyceride Osmolality		Calcium						
		Cholesterol						
Glucose/HbA1C								
		Glucose/HbA1C						

Resident Name: _____Admit#: ____Physician: _____Room: _____

FORM 2001

ASSESSMENT: **Estimated Nutritional Needs:** Calories:___ Protein: ____ Fluid:_____ Comments: **NUTRITION DIAGNOSIS:** □ No Nutrition Diagnosis at this time. Etiology: Signs & Symptoms: Problem: Signs & Symptoms: Problem: Etiology: **INTERVENTIONS:** (Nutrition Prescription, Food or Nutrient Delivery, Nutrition Education or Counseling, Coordination of Care, etc) Goal(s):__ MONITORING & EVALUATION: RD Signature: _____ Date: _____ Resident Name: _____Admit#: ____Physician: _____Room: _____