

NUTRITIONAL ASSESSMENT

PATIENT NAME: _____ DATE: _____

GENDER: F M AGE: _____ MEDICAL CONDITIONS: _____

1. Meal Pattern (circle): Breakfast Snack Lunch Snack Dinner Snack

3. Food Groups Assessment: (servings/day)

Milk and Milk Products: _____ Lactose intolerant: Y N

Meat and Alternates: _____

Fruits and Vegetables: _____

Grains: _____

Total Fluids Intake/day: (8 ounce serving: soup, juice, tea, coffee, water) _____

4. Vegetarian/Vegan/Lacto-Ovo/other _____

5. Supplements:

Multivitamin ___ Calcium ___ Vit. D ___ Iron ___ Zinc ___ Vit. C ___ Other _____

6. Fats Intake: Low / Medium / High Comment: _____

7. Sugar Exposures (per day): _____

8. Caffeine Intake (cups/per day): Coffee ___ Tea ___ Cola ___

9. Special Dietary Requirements: _____

2. Total Daily Nutrient Intake: Sufficient Y N

Comment: _____

10. Body Weight: _____

BMI: _____ Weight: below / healthy / above. Waist Measurement: _____

Regular exercise: Y N number of times/week _____

Recommended increased intake of:

___ milk & milk products ___ meat & alternatives ___ fluids

___ fruits and vegetables ___ grains

Comments: _____

ORAFRESH RECARE: NUTRITIONAL ASSESSMENT Date: _____

Has an exercise routine been added as recommended? Y N

Have the dietary recommendations been implemented? Y N

Comments: _____

FOOD PREFERENCE CHECK LIST

Please indicate how often you eat or drink each of these items.

FOOD ITEM	ENJOY, EAT OFTEN	LIKE, EAT OCCASIONALLY	TOLERATE, EAT WHEN SERVED	DISLIKE, NEVER EAT (REASON?)
<i>Oranges</i>				
<i>Apples</i>				
<i>Cantaloupe</i>				
<i>Berries</i>				
<i>Bananas</i>				
<i>Apple juice</i>				
<i>Orange juice</i>				
<i>Cranberry juice</i>				
<i>Tomato juice</i>				
<i>Salads, leafy greens</i>				
<i>Tomatoes</i>				
<i>Broccoli</i>				
<i>Cauliflower</i>				
<i>Zucchini</i>				
<i>Beans, green, yellow</i>				
<i>Green, red peppers</i>				
<i>Potatoes, baked, mashed</i>				
<i>French fries</i>				
<i>Bread, rolls, pita</i>				
<i>Meat (red)</i>				
<i>Poultry</i>				
<i>Fish</i>				
<i>Tofu</i>				
<i>Baked beans, chick peas, kidney beans</i>				
<i>Peanut butter</i>				
<i>Eggs</i>				
<i>Butter</i>				
<i>Margarine</i>				
<i>Vegetable, olive oils</i>				
<i>Yogurt</i>				
<i>Milk</i>				
<i>Cheese</i>				
<i>Soy milk</i>				
<i>Water</i>				
<i>Coffee</i>				
<i>Tea</i>				
<i>Herbal Teas</i>				
<i>Regular soft drinks</i>				
<i>Diet soft drinks</i>				
<i>Regular Gum</i>				
<i>Sugar Free Gum</i>				
<i>Candy, mints</i>				
<i>Beer, wine</i>				
<i>Liquor</i>				
<i>Desserts-cookies, cake, pastries</i>				
<i>Chocolate</i>				