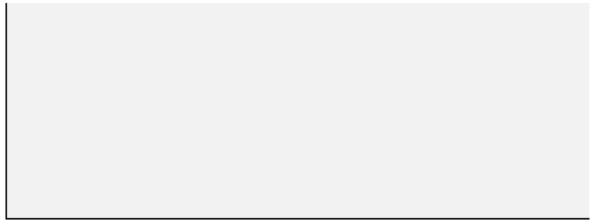
Nutrition Assessment
Acute Care



Client History:			
Reason for Admission/Diagnosis:			Admission Date:
Relevant Medical/ Surgical History:			
Social History/Cognitive Function:			
Data Collection:			
Relevant Labs/Tests:			
Relevant Medications/Vitamins/Herbs:			
Anthropometric Measurements:			
Weight: kg □ Actual □ Estimated □ Self-reported	Height: cm □ Actual □ Estimated □ Self-reported	Weight History:	% Weight Change:
FOR NUTRITION SUPPORT (ONLY IF NEEDED)			
Weight used for nutrition support calculations:			
Nutrition-Focused Physical Findings:			
□ Appetite Changes:			□ Pain
□ Chewing/Swallowing Difficulty	□ Dentition/Oral:	□ Nausea/Vomiting	□ Shortness of Breath
□ Fat/Muscle Wasting	□ Edema/Ascites:	□ Diarrhea/Constipation	□ Other
□ Impaired Skin Integrity/Wounds:			
Current Diet Order:		**Food Allergies/Intolerances:**	
Nutrition Assessment:			
Energy Req:		Protein Req:	Fluid Req:
Nutrition Diagnosis:			
Nutrition Intervention/Diet Order Recommendation:			

Date:	Signature:	Printed Name:

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Date	Notes