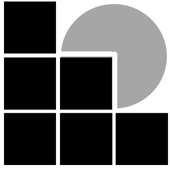

The Foundation

HUMBOLDT-DEL NORTE FOUNDATION FOR MEDICAL CARE

A partner in the delivery of medical care in Humboldt and Del Norte Counties since 1963

Weight Management Lifeskills Program
Nutrition Initial/Ongoing Assessment

Name ______________________________________ **Date** ________________ **Units** ________

______Initial visit ______F/U visit

Subjective:

Recent changes in diet: ____

____

Barriers to changes in diet ____

____

Exercise: ____

Frequency: _____________________________ Duration: __________________________

Comments: ____

____

Objective:

Height_________Weight_____________BMI_____________

Adjusted Body Weight (ABW) __________________ % ABW____________________

Estimated Energy Requirement _______________ Estimated Protein Requirement __________

Weight change _____________________________

Assessment:

Diet record analysis: Kcal__________________ Protein ________________________

Sugar Intake: □ High □ Moderate □ Low
Protein Intake: □ High □ Moderate □ Low
Fat Intake: □ High □ Moderate □ Low

Patient Name ____

Consuming Meals: □ Morning □ Snack □ Noon □ Snack □ Evening □ Snack
□Small Bites □ Chewing Thoroughly □ Mindless Eating □ Purposeful Eating

Water Intake: □ 6-8 cups □ 4-6 cups □ less than 3 cups
□Sipping water □ Drinking 2 ounces every 30 minutes
Caffeine Intake: □ High □ Moderate □ Low
Carbonated Beverage Intake: □ High □ Moderate □ Low

Problem areas identified:

- ❑ Poor food choices
- ❑ Portion control
- ❑ Diet/Binge patterns
- ❑ Emotional eating
- ❑ Rebel eating
- ❑ Anger eating
- ❑ Inactivity
- ❑ Given up on activity and diet
- ❑ Other ____

____

Education:

Diet:

- ❑ Food choices
- ❑ Portion control
- ❑ Planned snacks
- ❑ Spacing/timing of meals
- ❑ Influence of carb/protein/fat on weight, satiety, taste
- ❑ Post-op diet review

Emotional eating:

- ❑ Identified emotions: ______________________
  ____
  ____
- ❑ I feel/think/want model to address feelings
- ❑ Alternate ways to express feelings without food
- ❑ Rebel eating

Patient Name ____

Body cues:

- ❑ Cues for hunger/satisfaction
- ❑ Positive affirmations
- ❑ Food records

Misc.:

- ❑ Need to move away from diet mentality
- ❑ Restriction/Binge patterns
- ❑ Activity for health
- ❑ Other____

____

Responsiveness

Motivation	□ Poor	□ Good	□ Excellent
Compliance with current goals	□ Poor	□ Good	□ Excellent
Comprehension and retention of instructed materials	□ Poor	□ Good	□ Excellent
Expected post-operative outcome with nutrition goals	□ Poor	□ Good	□ Excellent

Comments/Plan:____

____

____

____

Patient Name______________________________ RD Signature_____________________________