

Nutrition Consult Communication Form

To: _____ Date: _____ Re: Nutritional Consult
 From: _____ Telephone: _____ Fax: _____

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|---|---|---|
| <input type="checkbox"/> Urgent | <input type="checkbox"/> Response requested | <input type="checkbox"/> Please forward recent laboratory results |
| <input type="checkbox"/> For your records | <input type="checkbox"/> Confidential | <input type="checkbox"/> Please forward requested information |
| <input type="checkbox"/> No response required | <input type="checkbox"/> Please call to discuss | <input type="checkbox"/> Please call to schedule meeting |
- Please Fax/Courier/Mail Physician's Orders (Refer To Recommendations)

This form documents the nutritional status of the patient named below. Your cooperation is vital to initiate the necessary plans that will improve this patient's nutritional status.

Patient's Name: _____ Date Of Consultation: _____
 Name/Business Location: _____

Weight Status	
Height:	Weight:
<input type="checkbox"/> Significant Weight Gain <input type="checkbox"/> Severe Malnutrition <input type="checkbox"/> Moderate or Mild Malnutrition <input type="checkbox"/> Significant Weight Loss <input type="checkbox"/> Loss of Subcutaneous Fat <input type="checkbox"/> Muscle Wasting <input type="checkbox"/> Not Enough Data For Classification <input type="checkbox"/> Other: _____	

Goals	
<input type="checkbox"/> Enhance Access to Foodstuffs <input type="checkbox"/> Improve Symptoms Management <input type="checkbox"/> Minimize Metabolic Problems <input type="checkbox"/> Minimize Treatment Side Effects <input type="checkbox"/> Prevent Foodborne Illness <input type="checkbox"/> Prevent Nutrient Deficiencies <input type="checkbox"/> Prevent Waterborne Illness <input type="checkbox"/> Weight Repletion/Maintenance <input type="checkbox"/> Other: _____	<input type="checkbox"/> Improve Oral Intake <input type="checkbox"/> Maximize Nutrient Intake <input type="checkbox"/> Minimize Bone Problems <input type="checkbox"/> Minimize Malabsorption <input type="checkbox"/> Lessen Weight Gain/Loss <input type="checkbox"/> Prevent Malnutrition <input type="checkbox"/> Preserve Lean Body Mass <input type="checkbox"/> Stabilize Lab Values

Recommendations Requiring Physician's Order
<input type="checkbox"/> Antidiabetic Agent (metformin, glyburide) <input type="checkbox"/> Antioxidant/Nutritional Supplementation <input type="checkbox"/> Bone Disorders (Bisphosphonates, HRT, etc.) <input type="checkbox"/> G.I. Complications (appetite stimulant, proton pump inhibitor, anabolic steroid, pancreatic enzymes, etc.) <input type="checkbox"/> Hematological Agent (filgrastim, epoetin alfa, etc.) <input type="checkbox"/> Hyperlipidemia (nicotinic acid, statins, etc.) <input type="checkbox"/> Vitamin/Mineral Supplementation (Berocca Plus, etc.) <input type="checkbox"/> Weekly Nutritional Assessment <input type="checkbox"/> Monthly Nutritional Assessment <input type="checkbox"/> Quarterly Nutritional Assessment <input type="checkbox"/> BI-Annual Nutritional Assessment <input type="checkbox"/> Nutrition Education Classes <input type="checkbox"/> HIV Nutrition Specialist <input type="checkbox"/> Referral(s): _____ <input type="checkbox"/> Please Consider Order For: _____
Visit The ACCESS Project (www.atdn.org/access) for information on medications.

Approach	
Education:	
Scheduled	Provided
<input type="checkbox"/>	<input type="checkbox"/> Basic Nutrition
<input type="checkbox"/>	<input type="checkbox"/> Community Referrals
<input type="checkbox"/>	<input type="checkbox"/> Comprehensive Nutrition
<input type="checkbox"/>	<input type="checkbox"/> Education Not Feasible
<input type="checkbox"/>	<input type="checkbox"/> Food Safety/Sanitation Procedures
<input type="checkbox"/>	<input type="checkbox"/> Individualized Meal Plan
<input type="checkbox"/>	<input type="checkbox"/> Meal Preparation/Planning
<input type="checkbox"/>	<input type="checkbox"/> No Instruction Planned At This Time
<input type="checkbox"/>	<input type="checkbox"/> Nutrient/Medication Interactions
<input type="checkbox"/>	<input type="checkbox"/> Nutrient/Supplement/Herb Interactions
<input type="checkbox"/>	<input type="checkbox"/> Reinforcement
<input type="checkbox"/>	<input type="checkbox"/> Symptoms Management
Monitor:	
<input type="checkbox"/> Anthropometrics	<input type="checkbox"/> Weight Status
<input type="checkbox"/> Nutritional Issues	<input type="checkbox"/> Laboratory Parameters
<input type="checkbox"/> Nutrient/Medication/Dietary Supplement/Herb Interactions	



Please Review Increased Nutritional Risk Indicators And Compliance Potential On Page Two.

These Risk Factors May Be Detrimental To Nutritional Status

Symptoms Affecting Intake	Notable Clinical Features	Necessary Referrals
<input type="checkbox"/> Anorexia <input type="checkbox"/> Decreased Functional Capacity <input type="checkbox"/> Difficulty Chewing/Swallowing <input type="checkbox"/> Diarrhea <input type="checkbox"/> Early Satiety <input type="checkbox"/> Evidence of Depression/Anxiety <input type="checkbox"/> Evidence of Food Allergies <input type="checkbox"/> Fatigue <input type="checkbox"/> Food Intolerance <input type="checkbox"/> Food Dislikes <input type="checkbox"/> Gastrointestinal Distress <input type="checkbox"/> Nausea/Vomiting <input type="checkbox"/> Oral Manifestations <input type="checkbox"/> Mental/Cognitive Impairment <input type="checkbox"/> Other:	<input type="checkbox"/> Anemia <input type="checkbox"/> Ascites <input type="checkbox"/> Changes in Bowel Habits <input type="checkbox"/> Decubitus <input type="checkbox"/> Dehydration <input type="checkbox"/> Edema <input type="checkbox"/> Lipodystrophy/Subcutaneous Fat Loss <input type="checkbox"/> Moderate or Mild Malnutrition <input type="checkbox"/> Muscle Wasting <input type="checkbox"/> Severe Malnutrition <input type="checkbox"/> Skin Integrity Changes <input type="checkbox"/> Wired Jaw <input type="checkbox"/> Other:	<input type="checkbox"/> Case Management <input type="checkbox"/> Dentist <input type="checkbox"/> Gym/Fitness Trainer <input type="checkbox"/> Financial Assistance <input type="checkbox"/> Food Assistance <input type="checkbox"/> Housing <input type="checkbox"/> Social Resources <input type="checkbox"/> Substance Abuse Services <input type="checkbox"/> Swallowing Evaluation <input type="checkbox"/> Transportation Services <input type="checkbox"/> Other:

Notable Health Conditions	Other Increased Nutritional Risk Indicators	
<input type="checkbox"/> AIDS/HIV <input type="checkbox"/> Bone Disorder(s) <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes/Insulin Resistance <input type="checkbox"/> Emphysema <input type="checkbox"/> Heart Disease <input type="checkbox"/> Hepatitis <input type="checkbox"/> Hypertension <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Liver Disease <input type="checkbox"/> Lymphoma <input type="checkbox"/> Malabsorption <input type="checkbox"/> Pancreatitis <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Sickle Cell Anemia <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Stomach Ulcers <input type="checkbox"/> Other:	<input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Decreased Motivation/Receptiveness <input type="checkbox"/> Excessive Food Intake <input type="checkbox"/> Exercise Habits <input type="checkbox"/> Inadequate Calorie/Protein Intake <input type="checkbox"/> Inadequate Micronutrient Intake <input type="checkbox"/> Low Income <input type="checkbox"/> Medication Side Effects <input type="checkbox"/> Nutrient/Drug Interactions <input type="checkbox"/> Poor Nutrition Management Skills <input type="checkbox"/> Supplementation Practices <input type="checkbox"/> Weight History <input type="checkbox"/> Other:	<input type="checkbox"/> Altered Laboratory Parameters <input type="checkbox"/> Cultural/Ethnic Practices <input type="checkbox"/> Evidence of Vitamin/Mineral Deficiency <input type="checkbox"/> Handicaps: <input type="checkbox"/> Inability to Shop for Food/Plan/Prepare/Purchase Meals <input type="checkbox"/> Inadequate Fluid Intake <input type="checkbox"/> Medication Schedules <input type="checkbox"/> Need for Nutrition Education <input type="checkbox"/> Other Lifestyle Factors <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Unproven Therapy Use

<p>Compliance Potential</p> <p> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor </p> <p>Comments:</p> <p>Nutritionist Signature:</p>	<p>Current Nutritional RX:</p> <p>Comments:</p>
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Additional information on this nutrition consult is available upon request.