NUTRITION ASSESSMENT

Date:	**Name:** **Unit Number:** **Address:** **DOB:** **Inpatient/Outpatient/Day Patient/Group**
Dietitian:	
Referral Agent/date of referral:	
Diagnosis:	
Medication:	
Biochemistry:	
Presenting Problem:	
Patient aims of intervention/motivation to change:	
Previous counselling for eating disorder/helpful and unhelpful strategies:	
Previous counselling for problems/other	
Social History:	

RESOURCE: Assessment – No 1a. Eating Disorder Interest Group (2008). E.Frig, A.Wakefield

Name:		Unit No:	Ward/Department:
NUTRITION HISTORY:			
Age:	**Weight**	**Nutrition and Life History/Precipitators of dieting – disordered eating/weight loss behaviours.** **Mother and Fathers attitude to food, weight, dieting and appearance.**	

Name:	Unit No:	Ward/Department:
DIET HISTORY:		

INTAKE	Parents/ carers eating pattern
Breakfast	
Snack	
Lunch	
Snack	
Evening meal	
Supper	

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Name:	Unit:	Ward/ department:

BINGE EATING

Type/amount food typically eaten during a binge:

Specific day(s) week?
Specific times of day?
Specific place?

Vomiting pattern: post binge/ after normal intake – subjective binge/ breaking food rules?

Methods of weight losing behaviour:

Diuretics/ diet pills/ fibre pills/ spitting food out/ other?

Vitamin/ mineral supplements:

Vegetarian:
Age became vegetarian.
Which foods avoided? Egg/ dairy/ fish/ poultry/ red meat?

Good/ safe foods

Bad/ unsafe foods

Name:	Unit no:	Ward/ department
PRESENT LEVEL PHYSICAL ACTIVITY		

Type	Frequency	Duration	Motivation to Exercise	Compulsion to exercise

Bowel Regularity:
Regular periods/ age of menarche/ ammenhorrea – dysmenorrea since when?/ contraceptive pill
Cigarettes/day:
Alcohol intake:
Drug use:

Physical and Psychological effects of starvation:

Anthropometry

Height : **Weight:** **BMI:**

Percentage of total body weight lost

Healthy BMI range:

Weight history:

Weight over last 6: months increased/maintained/decreased/fluctuating

Premorbid weight:

Highest weight:

Lowest weight:

Desired weight:

Satisfaction with body shape:

Nutrition Assessment:----------

Nutrition Management Plan:----------

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Date	Weight	Comments

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