

# Nutrition Assessment Form for Dietitians

## Client Information

Full Name: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Contact Details: \_\_\_\_\_

## Nutritional Intake Assessment

24-hour Recall: \_\_\_\_\_

Typical Meal Pattern: \_\_\_\_\_

Fluid Intake: \_\_\_\_\_

## Clinical Information

Medical Diagnosis: \_\_\_\_\_

Medication Use: \_\_\_\_\_

Supplement Use: \_\_\_\_\_

## Anthropometric Measurements

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_ Waist Circumference: \_\_\_\_\_

Dietary Goals and Preferences

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