**Dietitian Chart Audit Form**

**Patient Information**

* **Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Medical Record Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nutrition Documentation & Compliance**

| **Aspect Reviewed** | **Compliant (Yes/No)** | **Issues Found** | **Suggested Corrections** | **Additional Notes** |
| --- | --- | --- | --- | --- |
| **Caloric Intake Documented** |  |  |  |  |
| **Special Diets Prescribed** |  |  |  |  |
| **Food Preferences Noted** |  |  |  |  |
| **Weight Monitoring Recorded** |  |  |  |  |
| **Hydration Levels Checked** |  |  |  |  |
| **Patient Counseling Conducted** |  |  |  |  |
| **Follow-Up Plans Scheduled** |  |  |  |  |
| **Chart Signed by Dietitian** |  |  |  |  |
| **Nutrition Supplement Orders** |  |  |  |  |
| **Meal Planning Adjustments** |  |  |  |  |

**Auditor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**