

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:** _____