MEDICAL NUTRITION THERAPY ASSESSMENT and OUTCOMES: HYPERLIPIDEMIA

Dear Patient: Please provide as much information as possible in the SHADED areas

PATIENT NAME:	▯ M ▯ F	DOB:	AGE:	PHYSICIAN:
ADDRESS:				TELEPHONE:
ID NUMBER:	PREVIOUS MNT (NO. HRS):		__MEDICARE B	__NON-MEDICARE

TODAY'S DATE: 1st Visit Assessment Values	GOALS	DATE:________ (3 - 12 Month Follow-Up MNT OUTCOMES)
Usual Blood Glucose:		
Total cholesterol:		
LDL-cholesterol:		
HDL-cholesterol:		
Triglycerides:		
Waist circumference (inches around):		
Blood pressure:		
Ht: Wt: Recently ▯ gained ▯ lost _______pounds		
Medications: ▯ cholesterol ▯ blood pressure ▯ water pill ▯ aspirin ▯ blood thinner **Plus other medications:**		

	Dietitian Use	OUTCOMES
Tobacco use: Type: Amount per day: or amount per week:		
Exercise: Did doctor OK exercise? ▯ yes ▯ no Do you exercise? ▯ yes ▯ no Type: Minutes per day: Number of times per week:		
Medical problems: **Digestive and/or elimination problems:**		
Symptoms of high blood cholesterol or high blood pressure you are having:		

OVER

TODAY'S DATE: 1st Visit Assessment Values	Dietitian Use	OUTCOMES
NUTRITION Previous diets:		
Eating times: Breakfast:_______ Lunch:______ Dinner:___________ Snack:__________ Snack:______ Snack:___________ <u>Usual food intake:</u> Select one: none=0 low=1 moderate=2 high=3 very high=4 *Starches:* _____ code *Fruits:* _____ *Vegetables:* _____ *Milk, yogurt:* _____ *Protein, meat:* _____ *Fats:* _____ *Sugar, sweets:* _____ Estimate of your daily **calorie** intake per day:	Code: Starches: _____ Fruits: _____ Vegetables: _____ Milk, yogurt: _____ Protein, meat: _____ Fats: _____ Sugar, sweets: _____ Calories:___________ CHO: _____ PRO: _____ FAT: _____	
Portion control: ☐ poor ☐ fair ☐ good ☐ very good		
Cooking facilities are: ☐ poor ☐ fair ☐ good ☐ very good		
Person responsible for food buying/cooking:		
Appetite is usually: ☐ poor ☐ fair ☐ good ☐ very good		
Number of meals eaten in **restaurants** per week: Usually is: ☐ fast food ☐ *not* fast food		
Alcohol intake: about ____drinks per ☐ day ☐ week ☐ month Type:		
Take **supplement** of: YES NO Vitamin B-6: ☐ ☐ Vitamin B-12 ☐ ☐ Folate/Folic Acid ☐ ☐ Vitamin E: ☐ ☐ Other Antioxidants: ☐ ☐ Fiber ☐ ☐ About how often: ☐ daily ☐ 4 - 6 times/week ☐ 2 - 3 times/week		
Other vitamin **supplement** / dietary herb use:		

OVER

PATIENT NAME: ID NUMBER:		
TODAY'S DATE: 1st Visit Assessment Values	Dietitian Use	OUTCOMES
Select one: none=0 low=1 moderate=2 high=3 very high=4 Eggs, whole milk, butter, fatty meats, bacon, organ meats: _____ code (Dietary cholesterol intake)		
Salt, chips, pickles, canned foods, cold cuts, sausage: _____ code (Salt and sodium intake)		
Eggs, whole milk, butter, fatty meats, bacon stick margarine: _____ code (Saturated fat intake)		
Bakery, donuts, cookies, potato chips, crackers: _____ code (Trans fatty acids intake)		
Fruits, veggies, whole grain bread/cereals, bran, oatmeal: _____ code (Soluble fiber intake)		
Fruits, veggies, Take Control® and Benecol® margarine and salad dressing: _____ code (Plant sterol/stanol esters intake)		
Fish, flax seed, walnuts: _____ code (Omega 3 fatty acids intake)		
PSYCHO–SOCIAL, ECONOMIC Number of **medical visits** in last year to: Primary care physician:_______ Cardiologist:__________ Dentist:_______ Dietitian:_______ Other:		
Select one: none=0 low=1 moderate=2 high=3 very high=4 Usual **stress** level: _____ Stress reduction techniques used:		
Financial concerns		
Living situation: ☐ live with someone ☐ live alone		
Support systems (family, friends, organizations you turn to for help or support): ☐ poor ☐ fair ☐ good ☐ very good		
Highest **education** level: ☐ grade school ☐ high school ☐ college ☐ advanced degree ☐ student now		

OVER

TODAY'S DATE: 1st Visit Assessment Values		
Employment: ☐ FT ☐ PT ☐ retired Type of work: Work is: ☐ physically active ☐ not active		
Ethnic and religious practices that effect your eating:		
Estimate your **knowledge** about high blood fats, high cholesterol and the diet for: ☐ poor ☐ fair ☐ good ☐ very good Past **success rate** at changing your behaviors for the better: ☐ poor ☐ fair ☐ good ☐ very good		
"**Readiness**" you have now to change your behaviors: Select one: none=0 low=1 moderate=2 high=3 very high=4		
Things in your life now that would make behavior change more difficult (Examples: lost my job, living situation has just changed):		
OTHER NOTES		

RD Signature:____

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