Alameda Hospital Nutrition Services

PHYSICIAN'S NUTRITIONAL RISK SCREENING and DIETITIAN REFERRAL PLANNING

INITIAL SCREENING DATE: Patient Name: Patient Phone:			FOLLOW-UP SCREENINGS	
Shaded Answers = At Risk				
Medical Conditions (Each Condition = 1 Risk Factor)		Actual Data	Date:	Date:
1) 2) 3)				
4) 5) 6)				
Weight, Eating and Diet				
Age: Ht: Wt: BMI:	☐ BMI ≤ 18 ☐ BMI ≥ 25			
Unintentional wt loss/gain last 6 months ≥ 10 lbs:	☐ No ☐ Yes			
No. lbs. lost and then regained in dieting:	☐ 5--20 ☐ 21 or more			
No. weight loss diets tried:	☐ 1--2 ☐ 3 or more			
Number meals per day:	☐ 2--3 ☐ 1 or less			
Cups fluid per day:	☐ 1--2 c. ☐ More than 2 c.			
Alcoholic drinks per day:	☐ 1--2 ☐ 3 or more			
Taking liquid nutritional supplements:	☐ No ☐ Yes			
Foods omitted: ☐ starches ☐ sweets ☐ meats ☐ dairy ☐ fruits ☐ veggies				
Chewing or swallowing difficulties:	☐ No ☐ Yes			
Gastrointestinal				
Constipation and/or diarrhea frequently:	☐ No ☐ Yes			
Vomiting frequently after eating:	☐ No ☐ Yes			
Blood Pressure and Labs				
Blood Pressure:	☐ ≤ 130/80 ☐ ≥ 131/81			
FBS: ☐ ≤ 110 mg ☐ ≥ 111 mg A1c:	☐ ≤ 6.5% ☐ ≥ 7.1%			
Total Cholesterol:	☐ ≤ 200 mg ☐ ≥ 201 mg			
LDL Cholesterol:	☐ ≤ 100 mg ☐ ≥ 101 mg			
GFR:	☐ ≥ 51 mL/min ☐ ≤ 50 mL/min			
Lifestyle				
Usual stress level:	☐ low-medium ☐ high			
Practice stress control techniques regularly:	☐ Yes ☐ No			
Smoking:	☐ No ☐ Yes			
Rx Medications (Each Rx Medication = 1 Risk Factor)				
1) 4)				
2) 5)				
3) 6)				
NUTRITIONAL STATUS: NO. SHADED ANSWERS is ☐ 0--3 = NO RISK ☐ ≥ 4 = AT RISK- *Ask for a referral to the Dietitian*				

Screening Recommendation Is Referral to Dietitian For *	***Note To Patient***
☐ Medical nutrition therapy for: __Diabetes __Pre-ESRD __Hyperlipidemia __Kidney Transplant	To obtain the counseling, therapy or education checked by your physician, please see staff at front desk before leaving to schedule individual appointment with the dietitian.
☐ Nutrition counseling + meal planning for (specify):	
☐ Nutrition counseling + meal planning for: healthy eating	
☐ Weight loss program, individual	
☐ Weight Gain	
☐ Diabetes self-management education program	
☐ Pre-diabetes - diabetes prevention program	
☐ Individual exercise routine (Restrictions:)	
*** For patient to receive services, physician to complete separate DIETITIAN REFERRAL form.**	**510-814-4609 office**
	510-814-4613 FAX