

# Home Health Care Nutritional Assessment Sheet

## Patient Details

Patient Name

Date of Birth

Assessment Date

Patient ID

Address

## Anthropometric Data

Height (cm)

Weight (kg)

BMI

Usual Weight (kg)

Weight Change (last 6 months)

## Dietary Assessment

Typical Daily Intake

Special Diets / Restrictions

# Medical History / Clinical Data

Relevant Medical Conditions

Medications

Allergies

## Physical Examination

Parameter	Finding	Comments
Muscle Mass		
Fat Stores		
Edema		
Skin/Hair/Nail Condition		

## Functional Assessment

Activity Level

Assistance Needed with Feeding

## Nutritional Risk Factors

## Nutrition Plan / Recommendations

Assessor Name

Signature

Date