

# Renal Nutrition Assessment Form

## Patient Information

Name

Medical Record Number

Date of Birth

Gender

## Anthropometric Data

Height (cm)

Weight (kg)

Dry Weight (kg)

BMI (kg/m<sup>2</sup>)

## Clinical Assessment

Diagnosis

Comorbidities

Fluid Status

Physical Signs (Edema, Muscle Wasting, etc.)

## Biochemical Data

Serum Albumin (g/dL)

Serum Creatinine (mg/dL)

BUN (mg/dL)

Serum Potassium (mmol/L)

Serum Sodium (mmol/L)

Other

## Dietary Assessment

Diet Order

24-Hour Dietary Recall

Appetite

## Nutritional Diagnosis & Plan

Nutrition Diagnosis

Nutrition Intervention / Recommendations

Assessed By

Date