

Initial Risk Level Assignment

PATIENT IDENTIFICATION

DATE Mo. / Day / Year	TIME 24 HOUR	
		Diet rx:
		Ht: Wt: % Wt Loss/Time: Alb/Date:
		Current p.o. intake: <input type="checkbox"/> Good (>75%) <input type="checkbox"/> Fair (50-75%) <input type="checkbox"/> Poor (<50%)
		<i>Initial nutrition risk level assignment has been completed. Pt. currently classified at:</i>
		<input type="checkbox"/> Low Nutritional Risk/Dietetic Technician to follow
		<input type="checkbox"/> Moderate Nutritional Risk/Dietetic Technician to follow
		<input type="checkbox"/> High Nutritional Risk/Registered Dietitian to assess
		<i>Plan:</i>
		<input type="checkbox"/> R.D. to assess
		<input type="checkbox"/> To start snacks or supplements
		<input type="checkbox"/> To monitor p.o. intake via meal rounds
		<input type="checkbox"/> Other:
		<i>Signature:</i>