PLEASE CIRCLE –DIET- REGULAR LOW SALT DIABETIC OTHER:_____

LIST HEALTH PROBLEM: _____

_____

EMERGENCY CONTACT PERSON:_____

EMERGENCY CONTACT'S PHONE #: _____ RELATIONSHIP:_____

NUTRITIONAL RISK STATUS

(If applicable, circle corresponding number at the right)

PERSON HAS AN ILLNESS OR CONDITION THAT CHANGES THE KIND AND/OR AMOUNT OF FOOD EATEN 2

EATS FEWER THAN 2 MEALS PER DAY 3

EATS FEWER THAN 2 DAILY SERVINGS OF EACH OF THE FOLLOWING FOOD GROUPS

FRUITS VEGETABLES MILK PRODUCTS 2

HAS THREE OR MORE DRINKS OF BEER, LIQUOR, OR WINE ALMOST EVERY DAY 2

HAS TOOTH OR MOUTH PROBLEMS THAT MAKE IT HARD TO EAT 2

DOES NOT ALWAYS HAVE ENOUGH MONEY TO BUY FOOD NEEDED 4

EATS ALONE MOST OF THE TIME 1

TAKES THREE OR MORE PRESCRIBED OR OVER-THE-COUNTER DRUGS A DAY 1

WITHOUT WANTING TO, LOST OR GAINED 10 POUNDS IN THE PAST 6 MONTHS 2

NOT ALWAYS PHYSICALLY ABLE TO SHOP, COOK AND/OR FEED SELF 2

NSI SCORE _____

BASED ON THE ABOVE <u>NSI SCORE</u> THIS CLIENT IS AT: (CIRCLE ONE)

NUTRITIONAL RISK: (6+) HIGH (3- 5) MODERATE (0 - 2) LOW

IF YOU SCORE HIGH DO YOU WANT TO SPEAK TO A DIETITIAN?

YES NO