 <p>VRINDAVAN AYURVEDA CHIKITSALAYAM</p>	<p><b>VRINDAVAN AYURVEDA CHIKITSALAYAM</b></p> <p>(Unit of R.P Garg and Associates)</p> <p>Shivalik Foothills, Village Thana, EPIP-2, Baddi, Himachal Pradesh – 173205</p>
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## Nutritional Assessment Form

### I. Identifying Information

Full Name: SANDEEP SHARMA Date: 31/03/2022  
 UHID No: 767 Age: 34 Sex: M

Ethnicity: Hindu ☒ Muslim ☐ Christian ☐ Sikh ☐ Jain ☐ Other: ☐

Referring Clinician: No

Reason(s) for visit: ASTHMA SINCE LONG TIME

### II. Medical History (please give full details)

- Diabetes YES/NO ☒ HBA1c.....since.....Medication
- HTN YES/NO ☒ Last recorded value .....since.....medication
- CAD YES/NO ☒ STENT/BYPASS/MEDICINE SINCE...MEDICATION
- THYROID YES/NO ☒ REPORTS.....SINCE.....MEDICATION
- MENTRUAL HISTORY Nomenstrual cycle.....MEDICATION

Are you allergic to any food or drink? Yes or No ☒

If yes, please specify: \_\_\_\_\_

Do you get a rash or edema from your allergy? Yes or No

Do you take any vitamins, minerals and/or food supplements? Yes or No ☒

If yes, which ones \_\_\_\_\_

Have you had any major injuries, hospitalizations, or operations? Yes or No ☒

If yes, what \_\_\_\_\_

Do you have any chronic illnesses? Yes or No ☒

If yes, please explain SHORTNESS OF BREATH

(Examples: Shortness of breath, Heartburn, Constipation, Excessive thirst, Headaches, Pain, bleeding etc)

Do you take any medications on a regular basis? Yes or No ☒

If yes, what medication and what dosage \_\_\_\_\_

**Please explain about**

- Appetite : Good.
- Food habits : Medium.
- Daily working hours: 7 hours.
- Exercise : 20 Minute.
- Job profile : Engineer.
- Height : 154 cm.
- Weight : 75 Kg.

**Have you ever been diagnosed or do you suffer from anxiety? Yes or No** ✓

If yes, please explain \_\_\_\_\_

**Have you ever been diagnosed or do you suffer from depression? Yes or No** ✓

If yes, please explain \_\_\_\_\_

**Have you ever been diagnosed or do you suffer from an eating disorder, such as, anorexia, bulimia, or binge eating? Yes or No**

If yes, please explain \_\_\_\_\_

**Food/Nutrition Related History:**

Diet/Supplements PTA

Nil

Food allergies/intolerances/religious or cultural food practices

Nil

Age Specific/Other Considerations

Avoid curd.

Current Diet/TF Regimen

Veg.

**Anthropometric Measurements:**

HtWt IBW(%IBW) ( % ) UBW (%UBW)

( % )

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

25.0

Underweight Adequate Overweight Obese Morbidly Obese

Weight Change: None Intentional Unintentional Details

Biological Data, Medical Tests and Procedures:

Medications

Nil

Nutrition-Focused Physical Findings:

Nil.

Edema/Ascites Skin Muscle Wasting Hydration Status Nausea Vomiting Diarrhea Constipation Anorexia

Nil.

Early Satiety Dysphagia Other None

None

Comparative Standards:

Estimated Nutrition Needs: Kilocalories

grams protein ( grams per kg) Fluid needs: milliliters ( )

2.3 lit.

Present nutrient intake meeting needs: Unable to assess Yes No

### NUTRITION DIAGNOSIS

Problem

Nil ( No allergy to any edible item)

Etiology

N.A.

Signs/Symptoms

NA.

Problem

Nil.

Etiology

N.A.

Signs/Symptoms

NA.

### NUTRITION INTERVENTION(S)

Intervention:

Goal

Intervention:

Goal

Intervention:


Goal

N.A.

### MONITORING/EVALUATION

Recommendations:

Date/Time: Signature:

31/03/2022 / 4:00 P.m. / 

Doctor Signature

DR.

DR. AKANKSHA SONI  
B.A.M.S., REGD. NO. 6145  
VRINDAVAN AYURVEDA CHIKITSALAYAM

Patient Signature

