

Nutritional Assessment Form

I. Identifying Information

Full Name: Daljeet Singh Date: 17/8/2021
 UHID No: 3214 Age: 31 Sex: Male
 BMI: 16.2

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

Referring Clinician: _____

Reason(s) for visit: For Consultation

II. Medical History (please give full details)

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

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

If yes, please specify: - No

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 No

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

If yes, what NO

Do you have any chronic illnesses? Yes or No

If yes, please explain No

(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 yes

ase explain about

- Appetite : Not good
- Food habits : Veg.
- Daily working hours : 7-8 hours.
- Exercise : 1/2 hr.
- Job profile : Private job
- Height : 5'9
- Weight : 54 kg.

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

If yes, please explain yes

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

If yes, please explain No

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 No

Doctor Signature

Airagant

Patient Signature

Brigh