

Nutritional Assessment Form

I. Identifying Information

Full Name: RAKSHA DEVI Date: 31/03/2022
UHID No: 466 Age: 43 Sex: F

Ethnicity: Hindu Muslim Christian Sikh Jain Tribe Other: -

Referring Clinician: No

Reason(s) for visit: Both Knees pain since long time.

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 — MENSTRUALCYCLE.....No 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 _____

(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, 20 MINUTES

Please explain about

- Appetite : POOR APPETITE.
- Food habits : Medium.
- Daily working hours: 6 HOUR.
- Exercise : 20 MINUTES.
- Job profile : TEACHER.
- Height : 5.4"
- Weight : 65 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 _____

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

AKANKSHA
3/03/2022
3:42 P.M.

Doctor Signature

Rakesha Devi

Patient Signature