

# ADIME Sample Template

Patient/Client Name:					Referred for:					
<b>Nutrition Assessment</b>										
Food and Nutrition Related History:										
Anthropometric Measurements										
Age:		Gender:		Ht:		Wt: Wt Hx:		BMI:		
Biomedical Data, Medical Tests & Procedures										
Labs/Date	Glucose	HgbA1c	BUN	Creat	Na+	K+	Hgb	Hct	MCV	Other
Medical Diagnosis/Relevant Conditions:										
Pertinent Medications:										
Nutrition Focused Physical Findings:										
Patient/Client/Family Medical/Health History:										
Estimated Nutritional Needs/Comparative Standards										
Calories/kcal/kJ				Protein			Fluid			
Diet Order/ Nutrition Support Order		Feeding Ability		Oral Problems			Intake			
		<input type="checkbox"/> Independent <input type="checkbox"/> Limited Assistance <input type="checkbox"/> Extensive/Total Assistance		<input type="checkbox"/> Chewing Problem <input type="checkbox"/> Swallowing Problem <input type="checkbox"/> Mouth Pain <input type="checkbox"/> None of the Above			<input type="checkbox"/> Good (>75%) <input type="checkbox"/> Fair (approx. 50%) <input type="checkbox"/> Poor (<50%) <input type="checkbox"/> Minimal – (<25%)			
<input type="checkbox"/> No Nutrition diagnosis at this time. <input type="checkbox"/> Proceed to Nutrition Diagnosis Below										
<b>Nutrition Diagnosis</b>										
P (Problem) _____ _____ related to:			E (Etiology) _____ _____ as evidenced by:			S (Signs & Symptoms)				
P (Problem) _____ _____ related to:			E (Etiology) _____ _____ as evidenced by:			S (Signs & Symptoms)				
<b>Nutrition Intervention</b>										
Nutrition Prescription										
Food and/or Nutrient Delivery:					Nutrition Education:					
Nutrition Counseling:					Coordination of Care (refer to):					
Goal(s):										
<b>Nutrition Monitoring &amp; Evaluation</b>										
Indicators:					Criteria:					

Dietitian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_