

Patient Name _____

Problem areas identified:

- Poor food choices
 - Portion control
 - Diet/Binge patterns
 - Emotional eating
 - Rebel eating
 - Anger eating
 - Inactivity
 - Given up on activity and diet
 - Other _____
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Education:

Diet:

- Food choices
- Portion control
- Planned snacks
- Spacing/timing of meals
- Influence of carb/protein/fat on weight, satiety, taste
- Post-op diet review

Emotional eating:

- Identified emotions: _____

- I feel/think/want model to address feelings
- Alternate ways to express feelings without food
- Rebel eating

Body cues:

- Cues for hunger/satisfaction
- Positive affirmations
- Food records

Nutrition Initial/Ongoing Assessment

Patient Name _____

Misc.:

- Need to move away from diet mentality
 - Restriction/Binge patterns
 - Activity for health
 - Other _____
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Responsiveness

Motivation	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Compliance with current goals	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Comprehension and retention of instructed materials	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Expected post-operative outcome with nutrition goals	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent

Comments/Plan: _____

Patient Name _____ RD Signature _____