Elderly Nutrition Program

Patient information	
Name: Mildred Falls	**Age:** 73
Contact number: XXX-XXX-XX	**Healthcare provider:** Andrews Scor, MD
Emergency contact name: Arabella Falls-Hunter	
Emergency contact number: XXX-XXX-XX	**Relationship:** Daughter
Address: 1 Kent St, CA	

Current living status (please tick one):

- ○ Independent (single)
- ○ Independent (couple)
- ◉ Assisted
- ○ With family
- ○ Retirement Village
- ○ Other:

Reason for referral

Name of program: Hills Nutrition Program

Describe, in detail, the reason for the patient's referral to nutrition support services, including any factors that confirm their eligibility for this program:

The patient is managing a chronic condition that requires tailored nutritional guidance to help control symptoms and prevent further complications.

Recent unintentional weight loss or gain suggests malnutrition or poor dietary intake, warranting intervention.

Gastrointestinal issues, such as difficulty swallowing, poor appetite, or malabsorption disorders, are imp

Health and dietary information

Medications:

Metformin (Biguanides), Angiotensin II Receptor Blockers

Diagnoses and chronic conditions (e.g. dementia):

Diabetes, hypertension

Dietary restrictions and allergies:

Limited refined lrefined sugars, processed carbohydrates, and trans fats. Focus on high-fiber carbohydrates, non-starchy vegetables, and lean proteins to maintain blood glucose levels within the target range.

Food preferences:

N/A

Specific nutritional deficiencies (if applicable):

N/A

The patient wishes to apply for:

- ○ Communal meal program
- ◉ Meal delivery program
- ○ Both
- ○ Other:

Other dietary or health information:

N/A

Additional support

- ◯ Transportation to communal meals
- ◉ Grocery shopping assistance
- ◯ Dietary counseling
- ◯ Other:

Does the patient have any further requirements?

N/A

Please describe any further details to support the patient's application:

N/A

Additional notes