

# Nutrition Care Plan

Patient information	
Name:	Date of birth:
Age:	Gender:
Medical record number:	
Relevant medical history:	
Nutrition assessment	
I. Subjective	
II. Objective	
Anthropometric measurements (e.g., height, weight, BMI):	
Biochemical data (lab tests):	
Clinical data (physical findings):	
Dietary data (intake assessment):	
Nutrition diagnosis	

## Nutrition goals

## I. Short-term goals

## II. Long-term goals

## Nutrition interventions

## I. Dietary modifications

## II. Educational interventions

### III. Behavioral interventions

Nutrition monitoring and evaluation	
I. Follow-up checks	
II. Lab tests and reassessments	
III. Outcome evaluation	
Additional notes	
Healthcare professional information	
Name:	License ID number:
Signature:	Date: