

# Nutrition Care Plan

## Client Information:

Name:

Age:                      Gender:

Height:    Weight:

Medical History:

## Assessment:

### 1. Anthropometric Data:

BMI:

Waist-to-Hip Ratio:

Weight Changes:

### 2. Biochemical Data:

Lab Results:

Nutrient Deficiencies:

### 3. Clinical Data:

Medical Conditions:

Digestive Issues:

Food Allergies/Intolerances:

**4. Dietary Data:**

Typical Daily Food Intake:

Dietary Preferences:

Fluid Intake:

**Diagnosis:**

Nutritional Diagnosis:

**Nutrition Intervention:****1. Energy Requirements:**

EER:

**2. Macronutrient Distribution:**

Carbohydrates:

Proteins:

Fats:

**3. Micronutrient Recommendations:****4. Meal Planning:****5. Nutritional Education:**

**Monitoring and Evaluation:**

**Follow-up Appointments:**

**Monitoring Parameters:**

**Evaluation Criteria:**

**Notes:**

**Recommendations:**