

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: