

# 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:**