

Date _____ Start time _____ End time _____

Patient Name _____

Medical Record _____

DOB _____ MD _____ RN _____

Age ____ BP _____ Ht _____ Wt _____ ↑ adult wt _____ ↓ adult wt _____ BMI _____ Food Allergies _____

HbA1c _____ Date _____ TC _____ LDL _____ HDL _____ TG _____ Date _____ Cr _____ Other _____

Diabetes meds _____ Other pertinent meds _____ Supplements _____

Medical problems _____ Physical limitations _____

Employment _____ Daily Schedule _____

Married Single Divorced Widowed Who helps with diabetes? _____

Who cooks? _____ Who shops? _____ Household members _____

Activity _____ Frequency _____ x/wk Duration _____ minutes/session _____ Time of day _____

Previous MNT? _____ Date _____ Previous DSMT? _____ Date _____

Family hx _____ Barriers to learning _____ Q of L _____

Patient's goals _____

Patient states _____

SMBG Y/N _____ Meter _____ X/day BG log Y/N _____

FBG range	after	Lunch BG range	after	Supper BG range	after	HS BG range

Adjustments for glucose levels _____

Adjustments for exercise _____

Adjustments for food _____

Hypoglycemia _____ x/wk _____ ETOH use _____ Smoking _____

Cultural/religious beliefs related to food _____ Hobbies/Lesisure _____

Nutrition problems identified & usual intake summary:

Assessment summary: _____

Health risks _____ Readiness to change: 1-10 Scale _____
Pre (1-2) Contemplation (3-4) Preparation (5-6) Action (7-9) Maintenance (10)

Goal of therapy _____ Behavioral obstacles identified _____

Intervention Key: D Discussed, R Reinforced/Reviewed, ≠ Not reviewed, ✓ Outcome achieved, N/A Not applicable
*Key for Compliance Potential and Overall Adherence Potential: 1=Never demonstrated, 2=Rarely demonstrated, 3=Sometimes demonstrated, 4=Often demonstrated, 5=Consistently demonstrated

Topics covered:

Sick days _____ 1 2 3 4 5	Matching CHO/insulin _____ 1 2 3 4 5	Hypoglycemia _____ 1 2 3 4 5
Exercise _____ 1 2 3 4 5	Weight Reduction _____ 1 2 3 4 5	Adjustment for food _____ 1 2 3 4 5
S/S _____ 1 2 3 4 5	Record keeping _____ 1 2 3 4 5	Adjustment for exercise _____ 1 2 3 4 5
ETOH _____ 1 2 3 4 5	Cooking techniques _____ 1 2 3 4 5	Label Reading _____ 1 2 3 4 5
Eating out _____ 1 2 3 4 5	Meal plan adherence _____ 1 2 3 4 5	Drug/Nutr interaction _____ 1 2 3 4 5
BG goals _____ 1 2 3 4 5	↓ fat or ↓ Sat. fat _____ 1 2 3 4 5	Relationship of CHO/BG _____ 1 2 3 4 5

Materials given:

Eating to lower BG _____	Food Guide Pyramid _____	Exchange book _____	Other _____
Label reading _____	CHO info sheets _____	Lipid info _____	
Fast Food _____	Exercise info _____	ETOH info _____	

Meal plan based on: _____ Meal planning strategy used _____

Meal plan:

Breakfast	Snack	Lunch	Snack	Dinner	Snack

Recommended carb/insulin ratio _____ Suggested S/S _____

Patient agreed to:

- 1 _____
- 2 _____
- 3 _____
- 4 _____

Future plan _____ F/U _____ RD card? _____

Signature _____

Patient Name_____

Medical Record_____

RD Diet History Worksheet

Usual intake Breakfast	Snack	Lunch	Snack	Dinner	Snack
Time:					

Food Frequency:

Fruits_____ Vegetables_____ Milk_____ Meats_____ Fats_____

Beverages_____ Water _____ Snacks _____ Sweets_____

Supplements: _____ Eats out?_____