

Sample ALS Clinic Medical Nutrition Therapy Note Template



ASSESSMENT									
Patient name:		Patient DOB:		Forced vital capacity (% predicted):					
PMH/PSH:									
Pertinent labs:				ALSFRS-R:					
Nutrition-related medications:									
Food allergies:									
Communication		<input type="radio"/> Verbal	<input type="radio"/> Writing board	<input type="radio"/> Tablet/texting	<input type="radio"/> EyeGaze				
Symptoms		<input type="radio"/> Nausea	<input type="radio"/> Vomiting	<input type="radio"/> Constipation	<input type="radio"/> Sialorrhea	<input type="radio"/> Other			
BMs	Consistency:		Frequency:		Color:				
Height:		Weight:		BMI:					
Nutrition/weight hx:									
Current diet/TF:									
Chewing/swallowing abilities:									
Typical meal duration:		<input type="radio"/> <30 minutes	<input type="radio"/> 30-60 minutes	<input type="radio"/> >60 minutes					
G-tube info (if applicable)		Placement date:		Replacement date:		DME company:			
Food accessibility		Self-feeding ability		<input type="radio"/> Independent	<input type="radio"/> Requires assistance	<input type="radio"/> Dependent			
		Cooking ability		<input type="radio"/> Independent	<input type="radio"/> Requires assistance	<input type="radio"/> Dependent			
		Grocery shopping ability		<input type="radio"/> Independent	<input type="radio"/> Requires assistance	<input type="radio"/> Dependent			
		Able to afford groceries		<input type="radio"/> Yes		<input type="radio"/> No			
Nutrition-focused physical examination		Skin integrity		<input type="radio"/> Intact <input type="radio"/> Stage I pressure injury <input type="radio"/> Stage II pressure injury <input type="radio"/> Stage III pressure injury <input type="radio"/> Stage IV pressure injury		Pressure injury(s) location:			
		G-tube site		<input type="radio"/> N/A <input type="radio"/> Clean <input type="radio"/> Skin intact <input type="radio"/> Hypergranulation tissue <input type="radio"/> Excoriation <input type="radio"/> Leakage around ostomy		Last tube replacement date:			
		Muscle loss		<input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe		<input type="radio"/> Temples <input type="radio"/> Clavicles <input type="radio"/> Scapulae <input type="radio"/> Deltoids		<input type="radio"/> Hand <input type="radio"/> Thighs <input type="radio"/> Calves	
		Subcutaneous fat loss		<input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe		<input type="radio"/> Buccal <input type="radio"/> Orbital region <input type="radio"/> Triceps <input type="radio"/> Ribs			
		Edema		<input type="radio"/> None <input type="radio"/> Mild (1+) <input type="radio"/> Moderate (2-3+) <input type="radio"/> Severe (4+)		<input type="radio"/> Right upper extremity <input type="radio"/> Left upper extremity <input type="radio"/> Right lower extremity <input type="radio"/> Left lower extremity			
Other findings (rash, hair loss, etc):									

Estimated Needs	Calories:	Protein:	Fluid:
NUTRITION DIAGNOSIS			
Nutrition diagnosis (Problem):			
Related to (Etiology):			
As evidenced by (Signs/Symptoms):			
INTERVENTION (Recommendations/Plan)			
<ul style="list-style-type: none">•••			
MONITORING/EVALUATION			
<ul style="list-style-type: none">•••			