1 PATIENT INFORMATION

NAME

DATE OF SERVICE

DOB

DIETITIAN / NUTRITION PROVIDER

AGE / SEX

REFERRING PROVIDER

MRN / PATIENT ID

CARE SETTING (INPATIENT / OUTPATIENT / LTC / DIALYSIS / ONCOLOGY / BARIATRICS)

REASON FOR NUTRITION REFERRAL

A ASSESSMENT

A1 MEDICAL HISTORY / NUTRITION-RELEVANT DIAGNOSES

Diabetes, CKD, heart failure, GI disease, cancer, malnutrition, obesity, eating disorder, dysphagia, wounds, pregnancy, or post-operative status:

A2 ANTHROPOMETRICS

HEIGHT

CURRENT WEIGHT

USUAL BODY WEIGHT

BMI

WEIGHT CHANGE

% WEIGHT LOSS / GAIN

GROWTH TRENDS, IF PEDIATRIC

NUTRITION RISK (WEIGHT TRAJECTORY)

A3 DIETARY INTAKE / NUTRITION HISTORY

Usual intake, meal pattern, appetite, preferences, restrictions, allergies, cultural / religious practices, oral intake adequacy, supplement use, barriers to intake:

A4 GI / FEEDING TOLERANCE

Nausea, vomiting, diarrhea, constipation, early satiety, reflux, abdominal pain, bloating, swallowing / chewing difficulty, enteral / parenteral tolerance:

A5 FUNCTIONAL / SOCIAL FACTORS

Food access, food insecurity, cooking ability, caregiver support, financial barriers, activity level, mobility, ability to follow recommendations:

A6 MEDICATIONS / SUPPLEMENTS

Medications affecting nutrition, appetite, weight, electrolytes, glucose, GI function, hydration, or nutrient absorption:

A7 LABORATORY / DIAGNOSTIC DATA

Glucose, A1c, electrolytes, renal / liver function, lipid panel, albumin / prealbumin, micronutrients, inflammatory markers, nutrition-related results:

A8 NUTRITION-FOCUSED PHYSICAL EXAM

Muscle wasting, fat loss, edema, hydration status, skin integrity, wounds, pressure injuries, hair / skin / oral findings, micronutrient deficiency signs:

A9 ESTIMATED NUTRITION NEEDS

ESTIMATED CALORIES

PROTEIN

FLUID

OTHER NUTRIENT REQUIREMENTS

D NUTRITION DIAGNOSIS

Problem:

Etiology:

Signs and Symptoms:

PES PES STATEMENT

[Problem] related to [etiology] as evidenced by [signs / symptoms]. e.g., Inadequate oral intake related to poor appetite as evidenced by intake less than estimated needs; Unintended weight loss related to reduced intake as evidenced by percentage weight loss over timeframe...

I INTERVENTION

I1 NUTRITION PRESCRIPTION

Diet order, calorie / protein / fluid goals, carbohydrate-controlled / renal / low-sodium / texture-modified diet, oral supplements, enteral or parenteral nutrition:

I2 NUTRITION EDUCATION

Diet, disease management, meal planning, label reading, portion control, hydration, supplement use, food safety, symptom management:

I3 COUNSELING / BEHAVIOR CHANGE STRATEGIES

Motivational interviewing, goal setting, readiness to change, barriers addressed, patient-centered strategies:

I4 COORDINATION OF CARE

Communication with physician, nursing, speech therapy, pharmacy, social work, case management, caregiver, or food services:

I5 MONITORING ORDERS / RECOMMENDATIONS

Labs, weights, intake tracking, calorie count, glucose monitoring, fluid balance, bowel regimen, feeding tolerance, or wound healing:

M MONITORING

FOOD AND FLUID INTAKE

WEIGHT TRENDS

GI TOLERANCE

NUTRITION-RELATED LABS

BLOOD GLUCOSE / DISEASE-SPECIFIC MARKERS

WOUND HEALING / SKIN INTEGRITY

HYDRATION STATUS AND EDEMA

ENTERAL / PARENTERAL NUTRITION TOLERANCE

ADHERENCE TO NUTRITION RECOMMENDATIONS

PATIENT UNDERSTANDING AND READINESS FOR CHANGE

E EVALUATION

Response to nutrition intervention; goal met / partially met / not met:

Changes in intake, weight, symptoms, labs, or functional status:

Barriers affecting progress:

Plan to continue, modify, or discontinue nutrition plan:

G GOALS

Short-term goals (e.g., consume at least [%] of meals within [timeframe]; maintain weight within [range]):

Long-term goals (e.g., meet estimated protein needs to support wound healing; demonstrate understanding of diet recommendations before discharge):

F FOLLOW-UP

Nutrition follow-up timeframe and purpose — reassessment of intake, weight trends, lab values, tolerance, adherence, education needs, and progress toward goals:

TB TIME DOCUMENTATION & BILLING

TOTAL NUTRITION CARE TIME

COUNSELING / EDUCATION TIME

CARE COORDINATION TIME

CPT CODE(S): 97802 / 97803 / 97804

BASIS FOR BILLING: INITIAL ASSESSMENT / FOLLOW-UP / GROUP EDUCATION / TIME-BASED MNT

PRIMARY NUTRITION-RELATED ICD-10 CODE

SECONDARY ICD-10 CODE(S), IF APPLICABLE

SO PROVIDER SIGN-OFF

DIETITIAN / NUTRITION PROVIDER NAME	CREDENTIALS (RD / RDN / CNSC / OTHER)	DATE	TIME