Vancouver CoastalHealth
Promoting wellness. Ensuring care.

PARIS
PRIMARY ACCESS
Regional Information System

NUTRITION ASSESSMENT

Name:
PARIS ID:
DOB:
Age:
PHN:
Gender:
Phone:
Home Address:

Assessment Start Date: **Assessment End Date:** **Carried Out By:**

Unregistered Contacts

Contact Name	Primary Number	Alternate Number	Association	Comments

Medical Information

Physician Name:

Financial Aid Worker:

Medical History:

Lab Data:

Nutrition Screen Date:

Nutrition Screen Score:

Medications

Please see Medication Section in PARIS or Medication/Treatment Orders-Recommendation report for further details. (eg. medications in home?, Confirmed (written order received?))

Medication	Route	Dose	Frequency	Start Date	End Date	Comments

Other/Supplements

Allergies

A / S	Date Entered	Allergen	Reaction	Comment

Food Intolerances

NUTRITION ASSESSMENT

Name:	PARIS ID:

Growth Chart

Date Measured	Age	---- Weight ---- kg	%ile	--- Height --- cm	%ile	----- BMI ----- %ile	------ Head ------ Circumference cm	%ile	---% Birth --- Wgt Lost	-- Wgt for -- Length %ile	--- Waist --- Hip cm	ratio

Weight History

Diagnosis

Date	Diagnosis Type	Diagnosis	State	Aware?	Comments

Eating Ability

	Concern	No Concern	Not Assessed	Comments:
Appetite	☐	☐	☐	
Fluid Intake	☐	☐	☐	
Chewing	☐	☐	☐	
Swallowing	☐	☐	☐	
Dentition	☐	☐	☐	
Ability To Eat/Feeding	☐	☐	☐	

Functional Status

	Concern	No Concern	Not Assessed	Comments:
Meal Preparation	☐	☐	☐	
Food Access /Grocery Shopping	☐	☐	☐	
Mobility/ Activity	☐	☐	☐	

NUTRITION ASSESSMENT

Name:	PARIS ID:

Physical Status

	Concern	No Concern	Not Assessed	Comments:
GI Concerns	☐	☐	☐	
Bladder Function	☐	☐	☐	
Bowel Function	☐	☐	☐	
Other	☐	☐	☐	

Psychosocial Status

Risk Factor - Substance Abuse

Date	Substance	Amount	Route	Frequency	DOC	Usage	Last Used	Smokes

Nutrition Strategies

Follow Up

NUTRITION ASSESSMENT

Name:	**PARIS ID:**

Diet History/Usual Food Intake

Assessed By: Assessment Date:

Diet History/Usual Food Intake:

Grain Products:

Fruit/Vegetables:

Milk Products:

Meat/Alternatives:

Needs

Need	Post to C/P	Processed	Comments

Casenotes

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

-- End of Report --