Vancouver CoastalHealth
Promoting wellness. Ensuring care.

PARIS
PRIMARY ACCESS
Regional Information System

NUTRITION CONSULTATION REPORT

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

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

Client Goals

Referral Details

Reason for Referral:

Referral Source:

Nutrition Screen Date:

Nutrition Screen Score:

Health/Nutrition Issues

- ☐ ABILITY TO EAT/FEED SELF
- ☐ APPETITE (POOR, INCREASED)
- ☐ BONE FRACTURE, RISK OF
- ☐ BOWEL FUNCTION
- ☐ CANCER (THERAPY/PALLIATIVE)
- ☐ CHEWING DIFFICULTIES
- ☐ CHRONIC DISEASE MANAGEMENT(DIABETES, CAD, CHF, COPD)
- ☐ CHRONIC INFECTION
- ☐ DEMENTIA
- ☐ DENTITION, POOR
- ☐ DRUG - NUTRIENT INTERACTION
- ☐ EARLY SATIETY
- ☐ ELIMINATION OF 1 OR MORE FOOD GROUPS
- ☐ ETOH/DRUG ABUSE
- ☐ EXCESS MUCOUS
- ☐ FLUID INTAKE (POOR OR EXCESS)
- ☐ FOOD ALLERGIES/INTOLERANCE
- ☐ GI CONCERNS
- ☐ GROCERY SHOPPING
- ☐ LOW INCOME
- ☐ MEAL PREPARATION
- ☐ PAIN CONTROL, POOR
- ☐ PRESSURE ULCER, RISK OF
- ☐ PROTEIN/CALORIE INTAKE (LOW, EXCESS)
- ☐ PSYCHOSOCIAL STATUS
- ☐ RENAL FAILURE
- ☐ SWALLOWING DIFFICULTIES
- ☐ TUBE FEEDING
- ☐ WEIGHT CHANGE, SIGNIFICANT (UNDER WEIGHT/OVER WEIGHT)
- ☐ OTHER:

Health/Nutrition Details

NUTRITION CONSULTATION REPORT

Name:	PARIS ID:

Health Strategies/Interventions

Follow Up

Needs

Need	Post to C/P	Processed	Comments

Casenote

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

---------- End of Report ----------