



Weight/body types of family members:

\_\_\_\_\_

Current weight: \_\_\_\_\_ Length of time: \_\_\_\_\_ % above DBW: \_\_\_\_\_

Lowest adult weight/age: \_\_\_\_\_

Highest weight/age: \_\_\_\_\_

Postprocedure weight goals: \_\_\_\_\_ MD goal: \_\_\_\_\_

Height: \_\_\_\_\_ BMI: \_\_\_\_\_ Obesity grade: \_\_\_\_\_

**Food Intake History**

- 24-hour recall
- Food frequency

**Binge or Other Disordered Eating**

Disordered eating issues:

\_\_\_\_\_

\_\_\_\_\_

Mental health issues:

\_\_\_\_\_

\_\_\_\_\_

Frequent cravings:

\_\_\_\_\_

\_\_\_\_\_

Emotional eating:

\_\_\_\_\_

**Women Only**

History of infertility:

\_\_\_\_\_

Plans to become pregnant:

\_\_\_\_\_

**Environmental Issues Affecting Weight**

Occupation-related eating issues:

\_\_\_\_\_

\_\_\_\_\_

Travel:

\_\_\_\_\_

\_\_\_\_\_

Household issues (family/obligations/schedule):

\_\_\_\_\_

\_\_\_\_\_

*(cont'd on next page)*

Client Name: \_\_\_\_\_



Shopping/cooking/etc:

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Financial issues:

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Meals eaten away from home (frequency/location):

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Sleep:

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**Exercise and Activity**

(include types, limitations to activity, lifestyle activity)

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**Support Structure**

(support persons and areas where they can assist)

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**Estimated Needs Using Mifflin-St Jeor Equation**

Men:  $(9.99 \times \text{weight in kg}) + (6.25 \times \text{height in cm}) - (4.92 \times \text{age}) + 5 = \text{RMR}$

Women:  $(9.99 \times \text{weight in kg}) + (6.25 \times \text{height in cm}) - (4.92 \times \text{age}) - 161 = \text{RMR}$

Total Energy Needs (TEN) = \_\_\_\_\_ (RMR)  $\times$  \_\_\_\_\_ (activity factor)  
 $\times$  \_\_\_\_\_ (injury factor) = \_\_\_\_\_

Estimated Needs for Weight Loss = \_\_\_\_\_ kcal (TEN) - \_\_\_\_\_ kcal (weight loss) =  
 \_\_\_\_\_ kcal/day

Protein: weight in kg  $\times$  \_\_\_\_\_ g/kg = \_\_\_\_\_ g/day

Fluid: \_\_\_\_\_ weight in kg  $\times$  \_\_\_\_\_ mL/kg = \_\_\_\_\_ mL (equivalent to \_\_\_\_\_ cups/day)

*(cont'd on next page)*

Client Name:



**Education Provided**

Clients will need additional support, one on one or in a group class, to reinforce the basic principles briefly introduced here. This will help prepare clients for the realities of eating after their procedure.

- Preprocedure dietary control
- Blended/pureed foods
- Liquids between meals
- ½ cup meal-size limit
- Dumping syndrome
- No straws, carbonated drinks
- Nutrients—protein
- Supplements—calcium
- Food model demonstrations
- Sample menus
- Liquid nutrition/every 2 hours
- Stomach size
- No sweets/high-fat foods
- Pouch stretching
- No alcohol
- Soft diet/limitations
- Supplements—MVI/minerals
- Supplements—B<sub>12</sub>, iron
- Eating out
- Written materials

**Postprocedure Follow-up Plans**

Dietary knowledge/progression of postdiet/contact with support person or group:

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Exercise plans/goals/contact with support person or group:

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**Assessment**

- Has realistic expectations for weight loss  Yes  No
- Verbalizes understanding of dietary changes postprocedure  Yes  No
- Verbalizes understanding of supplement needs  Yes  No
- Verbalizes willingness to participate in physical activity  Yes  No
- Motivation for change:  High  Average  Low

Client’s predicted compliance on a scale of 1 (low) to 10 (high): \_\_\_\_\_

RD’s prediction for client success and compliance: \_\_\_\_\_

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Main factors predicting success: \_\_\_\_\_

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Limiting factors, which may inhibit success: \_\_\_\_\_

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Additional comments: \_\_\_\_\_

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**Registered Dietitian**

Dietitian’s signature: \_\_\_\_\_

Dietitian’s name/credentials: \_\_\_\_\_

Date: \_\_\_\_\_

Client Name:

