

Dietitian Worksheet

Oral Enteral Nutrition Assessment

DATE

DIETITIAN INFORMATION	
Dietitian name	Dietitian NPI
Fax number	Telephone number
CLIENT INFORMATION	
Client name	ProviderOne client ID
Referred by	Is the referring provider the client's PCP? <input type="checkbox"/> Yes <input type="checkbox"/> No
Provide applicable diagnoses (ICD-10 codes and description)	Medical ICD-10 Dx
	Nutritional ICD-10 Dx
NUTRITION ASSESSMENT: <ul style="list-style-type: none"> Attach notes from your consultation including: <ul style="list-style-type: none"> Problem Statement Etiology Signs/Symptoms <p>Be sure to include relevant data supportive of problem/etiology :</p> <ul style="list-style-type: none"> diet assessment, labs, growth. <ul style="list-style-type: none"> Can this client safely substitute calorically enhanced traditional food or homemade shakes and smoothies to meet the calorie and nutritional needs? Why or why not. <ul style="list-style-type: none"> If this client is currently consuming a commercial orally administered supplement product, or if you are recommending one of these products, describe the plan and the time frame to transition to traditional food or homemade shakes and smoothies here. 	
Date of follow-up nutrition appointment	Next primary care appointment
PRESCRIBER CERTIFICATION STATEMENT: I certify that I am the prescriber identified on this form. I certify that the medical necessity information is true, accurate, and complete to the best of my knowledge.	
Product name	Quantity/Volume Per Day
Prescriber's signature (signature and date stamps are not acceptable)	Date
Printed name	Provider NPI
<p align="center">Dietitian worksheet is completed by the consulting dietitian and forwarded to the prescribing provider for approval and signature.</p> <p align="center">DME PROVIDER WILL RETAIN DIETITIAN WORKSHEET IN THE CLIENT RECORD.</p>	