

Resident's Name: _____

Date of Birth: Admission Date:

Nursing Home:

Section 1: Resident's nutritional preferences

Admission Weight:	Height:	BMI:
Any special dietary needs?		
Assistance required during mealtimes?		
List any foods resident does NOT like.		

Section 2: Nutritional Screening - 'MUST' record chart

[illegible]

Section 3: Guidance on Supplement Choice



Altraplen
COMPACT

125ml regular supplement, used for malnutrition and for those at risk of malnutrition

125ml | 300kcal | 12g Protein



Altraplen
PROTEIN

200ml High protein supplement, used for wounds, post surgery, cancer, general malnutrition

200ml | 300kcal | 20g Protein



Nutricrem

125g Dessert style supplement, used for dysphagia and general malnutrition as an alternative to drinks.

125g | 225kcal | 12.5g Protein

Section 2: Nutritional Screening - 'MUST' record chart