



Resident's Name:										
Date of Birth:					Admission Date:					
Nursing	Home:									
Section 1: Resident's nutritional preferences										
Admis	sion Weig	ht:			Height:			BMI:		
Any special dietary needs?										
Assista	ance requi	ired duri	ng mealtin	nes?						
List an	y foods re	esident d	oes NOT lil	ke.						
Section 2: Nutritional Screening - 'MUST' record chart										
Date	Weight	BMI	BMI Score 🕈	Weight Loss Score	Acute Disease Score	B Score	Assessor Signature	Nutrition Intervention Yes/No	Intervention Details	

	Score 🕒	Loss 🕒 Score	Disease Score	Score Score	Signature	Intervention Yes/No	Details

Section 3: Guidance on Supplement Choice



125ml regular supplement, used for malnutrition and for those at risk of malnutrition125ml | 300kcals | 12g Protein





200ml High protein supplement, used for wounds, post surgery, cancer, general malnutrition 200ml | 300kcals | 20g Protein



Nutricrem

125g Dessert style supplement, used for dysphagia and general malnutrition as an alternative to drinks.125g | 225kcals | 12.5g Protein

Section 2: Nutritional Screening - 'MUST' record chart										
Date	Weight	BMI	BMI Score 🕁	Weight Loss ⊕ Score	Acute Disease Score	MUST Score	Assessor Signature	Nutrition Intervention Yes/No	Intervention Details	