Post-Weight-Loss Surgery Registered Dietitian Assessment

Patient name: _____ Date: _____

Patient Identification Number: _____ Date of birth: _____

Gender: M F

Type of weight-loss surgery: GBP SG BPD AGB

Current illicit drug use: _____

_____

Relevant medications: _____

Vitamin and herbal supplements: _____

_____

Food allergies/intolerances: _____

_____

Nutrition Assessment

Estimated energy needs: _____

Use Mifflin-St. Jeor equation to calculate resting energy expenditure (REE) and multiply by the appropriate activity factor.

Mifflin-St. Jeor equation:

- Males: REE (kcal/d) = 10 × Wt (kg) + 6.25 × Ht (cm) – 5 × Age(years) + 5
- Females: REE (kcal/d) = 10 × Wt (kg) + 6.25 × Ht (cm) – 5 × Age(years) – 161

Activity factor:

- Sedentary: ≥1.0 to <1.4
- Low active: ≥1.4 to <1.6
- Active: ≥1.6 to <1.9
- Very active: ≥1.9 to <2.5

For weight loss, subtract 500 to 1,000 kcal/d from estimated energy needs: _____

Ideal body weight (BMI = 25): _____

Excess body weight (Current weight – Ideal body weight): _____

SAMPLE

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Outstanding laboratory values: _____

_____

Medications that may affect weight-loss surgery goals: _____

_____

Weight loss to date: _____

Readiness to change: _____

Diet quality (food records or 24-hour recall): _____

_____

Other pertinent observations: _____

_____

_____

Nutrition Diagnosis

_____

_____

_____

_____

Nutrition Intervention

Recommend diet or behavior change: _____

_____

Vitamin/mineral supplements: _____

Further nutrition education: _____

_____

Follow-up for inadequate weight loss: _____

Referrals:

- ❑ Psychotherapy
- ❑ Physical therapy
- ❑ Social work
- ❑ Other: _____

SAMPLE

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Other:

Nutrition Monitoring/Evaluation

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