

Nutritional Needs Assessment

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Dear [Patient's Name / Patient's Guardian],

As part of our commitment to providing comprehensive care, I have conducted a nutritional needs assessment based on your current health status and dietary preferences. Below are the key findings and recommendations:

Assessment Summary

- **Height:** [Insert Height]
- **Weight:** [Insert Weight]
- **Age:** [Insert Age]
- **Medical History:** [Insert relevant medical conditions]
- **Current Medications:** [Insert medications]
- **Allergies:** [Insert any known allergies]

Nutritional Goals

[Briefly outline the nutritional goals based on the assessment, such as weight management, enhancing nutrient intake, etc.]

Dietary Recommendations

- [Recommendation 1]
- [Recommendation 2]
- [Recommendation 3]
- [Recommendation 4]

It is important to consider these dietary recommendations to support your overall health and recovery. Please feel free to reach out if you have any questions or would like to discuss this assessment in more detail.

Thank you for trusting us with your care.

Sincerely,

[Dietician's Name]

[Title]

[Hospital Name]

[Contact Information]