Canadian Malnutrition Task Force™ | le Groupe de travail canadien sur la malnutrition℠

PATIENT FOOD INTAKE – VISUAL ESTIMATION

Name of patient:_____

Form completed by (circle): Nurse, Diet tech, RD, Patient, Other_____

Date completed: _____

Please read instructions before beginning to record food intake.

- Identify the meal and/or snack being estimated e.g. B = breakfast, L= lunch, D=dinner, S=snack in the first column
- Write down the time of day the food estimation was completed
- List each food item from the tray ticket; note specific portion sizes if available (e.g. 125 mL milk)
- Indicate how much of the food was eaten in a percentage, e.g. 100%, 75%, 50%, 25%, < 25%, none
- Attach the meal tickets for the day to the record

Meal / Snack	Time	Menu item as written on menu ticket Include food items that were brought in by visitors	% Eaten	Reason why food was not finished (if not 100% eaten)

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