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# Personalized Nutrition Case Report Template

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Personalized nutrition (PN) is a field that leverages human individuality to drive nutrition strategies that prevent, manage, and treat disease and optimize health.

The goal of collecting these case briefs is to illustrate how PN and PN practitioners deliver value and improve patient/client outcomes.

The following outline will guide you in pulling together the information needed for the case briefs.

## General guidelines:

- Maintain HIPAA compliance: no personal identifiable information may be included
- Avoid using brand names for laboratory assessments, supplements, tools, etc.
- Include scientific literature references using footnotes to support connections made

## Section-specific guidelines:

- **Keywords** - 2 to 5 keywords that identify diagnoses or interventions in this case brief
- **Case Highlights** - Bullet points of the key aspects of this case, including primary diagnoses, interventions, and outcomes, to give the reader an easy reference point. Include what is unique about this case and any 'take-away' lessons.

<sup>1</sup>Corinne L. Bush, Jeffrey B. Blumberg, Ahmed El-Sohehy, Deanna M. Minich, José M. Ordovás, Dana G. Reed & Victoria A. Yunez Behm (2020) Toward the Definition of Personalized Nutrition: A Proposal by The American Nutrition Association, Journal of the American College of Nutrition, 39:1, 5-15, DOI: 10.1080/07315724.2019.1685332

## PN ASSESSMENT AND INTERPRETATION

Personalized nutrition requires extensive assessment of quantitative and qualitative inputs such as diet, nutrition physical exam, behavior, symptoms, genomics and biochemistry.<sup>1</sup>

- **Case abstract** - A brief paragraph including the age and sex of the patient along with a description of primary symptoms or imbalances at presentation. Additional details, such as previous interventions tried, may be provided here as appropriate.
- **Case history** - What diet and lifestyle factors were identified in the patient's history? Is there an abundance or lack of certain foods in the diet? Do they incorporate movement daily? Do they get adequate, quality sleep? Do they practice stress management techniques?
- **Eating behavior & lifestyle information** - Provide relevant history of eating habits, timing of eating, eating environment, etc. Describe relevant aspects of physical activity, movement, sleep, stress management & mood. Describe relevant history of smoking, substance use, etc.
- **Assessment of nutrition status** - Using dietary nutrition intake analysis, is the diet deficient in any macronutrients, vitamins or minerals? Does the laboratory testing reveal any functional nutritional deficiencies? Are there any indicators of nutrient inadequacy in the nutrition physical exam?
- **Clinical assessment and interpretation**, including physician diagnoses - What are the relevant laboratory results, how are they interpreted, and are there any physician diagnoses?
  - Note: If nutrition diagnoses fall within your scope of practice, these can be added in this section

## PN INTERVENTION

The PN practitioner uses the nutrition assessment and interpretation to design actionable interventions, education, counseling and ongoing care to address manifestations of dysfunction as well as the underlying root causes of imbalance. Interventions can include changes to diet; targeted nutraceuticals; lifestyle factors such as movement, sleep, and stress management; and food-related behaviors such as timing of eating, eating environment, fasting, food selection, food storage, and food preparation.<sup>1</sup>

- **Nutrition program design & rationale** - Include the details of and rationale behind the program that was designed for the patient. Be specific with ingredients, dosage, and duration as far as possible. Why was each element of the diet and lifestyle recommended? Use footnotes to provide references (peer-reviewed journal publications) to support connections.
- **Implementation & counseling** - How was the plan enacted? Mention any specific elements of the plan that were particularly challenging for the patient and how the nutritionist provided support.

## PN MONITORING AND EVALUATION

Ongoing monitoring and evaluation are crucial to a robust care model, as they further personalization of interventions throughout the duration of the care process. The PN practitioner regularly assesses subjective input and collects objective data in order to hone and refine therapeutic intervention strategies to build self-efficacy and behavior change in the individual, thereby optimizing quantitative and qualitative measures of an individual's health.<sup>1</sup>

- **Short-term Outcomes** - In the near term, typically the first several weeks to about 3 months, what were the outcomes? Were there any further tests conducted or changes to the nutrition plan?
- **Changes to plan** - Were there any further tests conducted or changes to the nutrition plan? Detailing any adjustments made to the plan after the short-term outcomes were realized.
- **Long-term Outcomes** - What were the longer term outcomes after the patient had completed the intervention?

## DISCUSSION

- **Multidisciplinary collaboration** - Discuss any care collaboration, such as the patient care team participants (within or outside of the immediate practice) and their communication channels. For example, one clinic has a weekly Clinical Grand Rounds session where the physicians and nutritionists discuss active cases and review new laboratory results.
  - Exs. Other therapeutic interventions (pharmacologic, surgical, botanical, complementary).
  - Administration of other therapeutic interventions (dosage, strength, duration).
- **Discussion** - Consider addressing the following as applicable to this case.
  - What role did the nutritionist play as it relates to scope of practice?
  - Were there specific pieces that the physician handled?
  - How does the team ensure that HIPAA requirements are met?
  - Include any other important points as relates to professional conduct and ethics.
  - What were the strengths & limitations in your approach to this case?
  - Discussion relevant evidence from the literature as applicable.
  - Provide a rationale for your conclusions as applicable.
- **Patient/Client Perspective (optional)** - If recorded, feel free to include the patient or client perspective on the treatment(s) received.

Case report author(s):

Contact email address:

Name(s) of case nutritionist(s):

Name(s) of case physician & credential:

Was there a nutrition resident involved in the case?      Yes      No

Were there other members of the care team involved?      Yes      No

- If you answered “yes” to the previous question, please list the specialties and credentials of other members of the care team:

What is the name of the clinic or practice through which care took place (whether in person or virtually)?

If the clinic or practice has a website, please include the URL here:

Did the patient give informed consent for the use of this information in a case report?      Yes      No



**CASE REPORT TITLE**

**Keywords**

2 to 5 keywords that identify diagnoses or interventions in this case brief

**Case Highlights**

Bullet points of the key aspects of this case, such as including primary diagnoses, interventions, and outcomes

**PN Assessment and Interpretation:**  
 Personalized nutrition requires extensive assessment of quantitative and qualitative inputs such as diet, nutrition physical exam, behavior, symptoms, genomics and biochemistry.<sup>1</sup>

**Case Abstract**

- Introduction – What is unique about this case and what does it add to the scientific literature? May include medical literature references.
- The patient's main concerns and important clinical findings.
- The primary diagnoses, interventions, and outcomes.
- What are one or more "take-away" lessons from this case report?

**History**

- De-identified patient specific information.
- Primary concerns and symptoms of the patient.
- Medical, family, and psychosocial history including relevant genetic information.
- Relevant past interventions and their outcomes.

<p><b>Assessment &amp; Interpretation</b></p> <ul style="list-style-type: none"> <li>• Clinical findings</li> <li>• Laboratory results</li> <li>• Physician diagnoses</li> <li>• HCP interpretation</li> </ul>	
<p><b>Relevant diet and lifestyle information</b></p> <ul style="list-style-type: none"> <li>• History of eating habits</li> <li>• Lack, avoidance, or abundance of certain foods/groups?</li> <li>• Habits around movement, sleep, stress management</li> </ul>	
<p><b>Assessment of nutrition status</b></p> <ul style="list-style-type: none"> <li>• Is the diet deficient in any macronutrients, vitamins or minerals?</li> <li>• Does the laboratory testing reveal any functional nutritional deficiencies?</li> <li>• Are there any indicators of nutrient inadequacy in the nutrition physical exam?</li> </ul>	
<p><b>PN Intervention:</b> The PN practitioner uses the nutrition assessment and interpretation to design actionable interventions, education, counseling and ongoing care to address manifestations of dysfunction as well as the underlying root causes of imbalance. Interventions can include changes to diet; targeted nutraceuticals; lifestyle factors such as movement, sleep, and stress management; and food-related behaviors such as timing of eating, eating environment, fasting, food selection, food storage, and food preparation.<sup>1</sup></p>	
<p><b>Design of the nutrition program and rationale for this approach:</b></p> <p>Include the details of and rationale behind the program that was designed for the patient, including ingredients, dosage, and duration as far as possible. Why was each element of the diet and lifestyle recommended? Provide where possible.</p>	
<p><b>Implementation and counseling:</b></p> <p>How was the plan enacted? Mention any specific elements of the plan that were particularly challenging for the patient and how the nutritionist provided support.</p>	



**PN Monitoring and Evaluation:**

<p><b>Short-term outcomes:</b></p> <ul style="list-style-type: none"> <li>• Clinician- and patient-assessed outcomes if available.</li> <li>• Important follow-up diagnostic and other test results.</li> <li>• Intervention adherence and tolerability. (How was this assessed?)</li> <li>• Adverse and unanticipated events.</li> </ul>	
<p><b>Long-term outcomes</b> (if applicable)</p>	

**Discussion:**

<p><b>Multidisciplinary Collaboration:</b></p> <ul style="list-style-type: none"> <li>• Exs. Other therapeutic interventions (pharmacologic, surgical, botanical, complementary).</li> <li>• Administration of other therapeutic interventions (dosage, strength, duration).</li> </ul>	
<p><b>Discussion of:</b></p> <ul style="list-style-type: none"> <li>• Scope of practice</li> <li>• Ethics</li> <li>• Strengths &amp; limitations in your approach to this case</li> <li>• Relevant evidence</li> <li>• Rationale for your conclusions</li> </ul>	
<p><b>Patient/Client Perspective (optional)</b> If recorded, feel free to include the patient or client perspective on the treatment(s) received.</p>	

\*This form is based on the Personalized Nutrition Care Model as outlined in "Toward the Definition of Personalized Nutrition: A Proposal by the American Nutrition Association." Additionally, it has been informed by the well-established 2013 CARE guidelines for case reports.