



Personalized Nutrition Case Data Collection

Objective

The objective of this form is to provide a structured template to formally record the data required for implementing the PN care process. It is designed as a learning tool to prompt the practitioner to consider all relevant aspects of a case as well as the rationale and evidence for each aspect of the intervention. A comprehensive systems review will serve as the primary professional document supporting your intervention.

1. Assessment and interpretation: This includes the client's health goals, health history, diet and lifestyle history, biochemical and laboratory assessment, genetic/genomic factors, anthropometrics, assessment of diet impact on health status, and identification of diagnosis and clinical status.
2. Intervention plan and method of implementation: This includes dietary, nutraceutical, and supplement interventions for prevention, and modulation and management of relevant health issues. It prompts the practitioner to also include relevant references to scientific literature, and to address relevant nutrient/drug interactions, interactions between nutrients, dietary therapeutics and behavior optimization, cultural issues, ethical standards, and boundaries.
3. Monitoring and evaluation: This includes documenting the clinical course of the case including results of all follow-up visits, the re-evaluation of the intervention plan, and modifications made. Client-reported outcomes and a discussion of positive and adverse outcomes or unexpected events should also be included.

Guidance on Completion

- For each case, not every section will be relevant for the client as some sections are geared to specific areas of specialization and/or health issues. Please complete all applicable sections.
- The intervention should be supported by references from the relevant scientific literature and/or other rationale. Attach documents and sources of evidence as appropriate.
- Note that the fields on the form will expand as you continue to type.

Candidate Information

First Name: _____ Email: _____

Last Name: _____ Phone: _____

Description of the practice setting that applies to the case:

Clinical practice

Community setting

Practicum as part of a fellowship or medical internship program

Institution setting

Other



INTRODUCTION

Briefly summarize the background and context of this case report.

Demographics

Gender: Male Female Transgender Non-binary/non-conforming Prefer not to respond

Ethnicity: Age:

Occupation:

Living situation:

Relevant socioeconomic factors:

Relationship status: Single Married Divorced Widowed Co-habiting

Client's purpose of visit:

Agreed-upon interventional priorities:

Client Consent

Did you get the client's consent to share information?

Yes No



Category A, Nutrition Assessment

Include health history, diet and lifestyle history, biochemical and laboratory assessment, genetic/genomic factors, anthropometrics, assessment of diet impact on health status, and identification of diagnosis and clinical status.

Height:	Waist Cir:	BP:
Weight:	Hip Cir:	BMR:
BMI:	W/H Ratio:	BIA:

Please rate readiness for the following based on a scale of 1-5 (1=not ready and 5=very ready).

Overall health changes	1	2	3	4	5
Change diet	1	2	3	4	5
Exercise	1	2	3	4	5
Stress management protocols	1	2	3	4	5
Record foods	1	2	3	4	5
Taking supplements	1	2	3	4	5

SUMMARY OF CLIENT’S RELEVANT HISTORY

Conditions or medical diagnoses provided by health care practitioner (HCP):



Relevant lab work:

Biomarker	Numerical Value (low/high)	Nutritional Implications

Additional lab work required:

Relevant genetic information:

Gene/rs number	Clinical Significance	Risk Genotype	Client Genotype

Presenting & reported symptoms:



Family history includes:

Relevant health history:

DIETARY REVIEW & ASSESSMENT

(Consider using a software program/apps like Cronometer, My Fitness Pal, etc.)

Nutrient intake assessment:

(E.g. excessive carbohydrate intake, inadequate protein intake, deficient in EFAs, deficient in Mg, adequate water intake, etc.)

Food aversions:

Food intolerances:



Cultural/Religious eating traditions:

Typical eating patterns:

(location of meals, timing of meals, eats under stress, bulk of calories late in day, emotional eater, etc.)

Physical activity (if in your scope):

Daily stressors and rating of stress by the client:

Sleep:



For women:

(provide details on cycle, pregnancies)

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Medication	Drug-Nutrient/Drug-Herb Interactions	Potential Nutrient Depletions

Supplements	Dose	Reason for Taking



REVIEW OF SYSTEMS FINDINGS & NUTRITION-FOCUSED PHYSICAL EXAM (NFPE)

Examples

Anxiety: potential need for B vitamins, magnesium, zinc, EFAs

Face acne, yellow face: potential allergy, need for zinc, vitamin A, EFAs, selenium, B12

Area	Potential Nutritional Deficiency/Insufficiency
Face	
Eyes	
Mouth	
Tongue	
Lips	
Teeth	
Nose	
Throat	
Skin	
Hair	
Hands, fingernails, fingers	
Skeletal	
Respiratory	
Circulation	
GI tract/digestion	
Elimination	
Urinary	
Reproductive	
Muscular	
Cardiovascular	
Mood/Nerves	
General/Other	



Category B, Nutrition Intervention Plan and Method of Implementation

Describe in detail the applicable dietary and nutraceutical and supplement interventions for prevention, modulation and management of the relevant health issues. Include relevant references to scientific literature. Address relevant nutrient/drug interactions, interactions between nutrients, dietary therapeutics and behavior optimization, cultural issues, ethical standards and boundaries.

Expected measurable changes and outcomes:

Dietary recommendations/intervention:

(Be sure to use all the tools at your disposal to provide detailed plans)

Intervention	Rationale (e.g., evidence, mechanism, etc.)

Comments/Special instructions on dietary recommendations:



Physical Activity/ Lifestyle Recom- mendations	Purpose	Repetitions & Sets	Frequency	Duration	Notes

Comments/Special instructions on physical activity/lifestyle recommendations:

Stress management recommendations:

Sleep recommendations:



SUPPLEMENT RECOMMENDATIONS:

(Include brands and doses, indicating when the client is to take them. Be sure you have checked for interactions with Rx or other supplements!)

Brand	Product	Dose	Frequency	Purpose

Comments/Special instructions:

List educational handouts provided:

Referrals to other HCPs:



Category C, Nutrition Monitoring and Evaluation (follow-up and outcomes)

Describe the clinical course of this case including all follow-up visits, and how you re-evaluated the treatment plan and modified it accordingly. Discuss positive as well as adverse outcomes or unanticipated events. Include client-reported outcomes as well as those clinically assessed and reported.

Timeline

Indicate the dates you meet with the client and the purpose and duration of each session.

Meeting Dates	Purpose & Duration

Discussion

Describe the key clinical “take-aways” and main findings. Discuss the strengths and limitations of this case, including your rationale. What would you do differently or the same when faced with a similar case?

Signature: _____ Date: _____