



Boulder Community Hospital Physicians' Clinics

Beacon Clinic
 Boulder Center for Sports Medicine
 Boulder Center for Sports Medicine East
 Family Medical Associates
 Foothills Gynecology
 Gunbarrel Medical Center

Holistic Family Practice
 Internal Medicine Associates – Boulder
 Internal Medicine Associates – Foothills
 Internal Medicine Associates – Lafayette
 Table Mesa Family Medicine

Patient Name: _____ DOB: _____

Nutritional Assessment

1. Have you experience unexplained weight loss?
 Yes No
2. Are you a newly diagnosed diabetic?
 Yes No
3. Are you experiencing nausea, diarrhea or vomiting?
 Yes No
4. Would you like to speak to someone about a nutritional consult?
 Yes No

Please complete the next section if you are 65 or older.

Fall Assessment

1. Have you fallen more than once in the past year?
 Yes No
2. Have you experienced a stroke or other neurological problem that have affected your balance?
 Yes No
3. Do you feel unsteady when you are walking or climbing stairs?
 Yes No
4. Are you currently taking any medications that may affect your balance?
 Yes No

Learning Needs Assessment

Are there any factors or needs that you feel may influence your ability to learn, and may interfere with meeting your treatment or plan of care?

Check all that apply

- Physical Limitations
- Language Barrier
- Cognitive Limitations
- Religious/Cultural Practices
- Emotional Barrier
- Desire/Motivation
- Literacy
- Pain/Discomfort
- Financial Implications
- None
- Other: _____

I learn best by: Check all that apply

- Visual (Video)
- Reading (Written Material)
- Doing (Examples)
- Listening (Verbal Tapes)
- N/A

Primary Language Spoken: _____

Patient's Initials: _____

Date: _____