

SUBCONTRACTOR NAME:

A L P E N A A R E A S E N I O R C I T I Z E N S C E N T E R

Intake Date <input type="text"/> / <input type="text"/> / <input type="text"/>	Date Of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>
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Last Name <input type="text"/>	First Name <input type="text"/>	Mid Init <input type="text"/>
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Client Address

City <input type="text"/>	State <div style="border: 1px solid black; padding: 2px; text-align: center; font-weight: bold;">MI</div>	Zip Code <input type="text"/>	Phone (<input type="text"/>) <input type="text"/> - <input type="text"/>
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County Name <input type="text"/>	Township Name <input type="text"/>
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Gender <input type="radio"/> Male <input type="radio"/> Female	Lives Alone <input type="radio"/> Yes <input type="radio"/> No	Income Status Is client's monthly income below the poverty level? <input type="radio"/> Yes <input type="radio"/> No
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Client Race <input type="radio"/> White <input type="radio"/> Asian / Pacific Islander <input type="radio"/> Black <input type="radio"/> American Indian / Eskimo / Aleut	Is Client Multi-racial? <input type="radio"/> Yes <input type="radio"/> No (mark all that apply) <input type="checkbox"/> White <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian / Eskimo / Aleut
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Is Client at High Nutritional Risk? Yes No

DETERMINE YOUR NUTRITIONAL HEALTH

Read the statements below. Circle the number in the YES column for those that apply. Total your nutritional score.

	YES
I have an illness or condition that made me change the kind and/or amount of food I eat.	2
I eat fewer than 2 meals per day.	3
I eat few fruits, vegetables, or milk products.	2
I have 3 or more drinks of beer, liquor, or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed or over the counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2
I am not always physically able to shop, cook, and/or feed myself.	2
TOTAL POINTS	

Total Your Nutritional Score. If it's.....

- 0 - 2 GOOD!** Recheck your nutritional score in 6 months.
- 3 - 5 YOU ARE AT MODERATE NUTRITIONAL RISK.** See what can be done to improve your eating habits and lifestyle.
- 6 or More YOU ARE AT HIGH NUTRITIONAL RISK.** Bring this checklist the next time you see your doctor, dietician or other qualified health or social service professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health.