

NURSING / RESIDENTIAL CARE HOME FORM



Nursing Home (name):

Nutrition Screening Tool used:

Frailty Screening Tool (if used):

Number	Age	Gender	Where admitted from	Type of residency	Clinical Conditions present - tick all that apply	Weight on admission (insert N/A if not available)	Current Weight	Height	Unintentional weight loss (last 3-6 months)?	Has patient had little food intake for past / likely in next 5 days?	Does the patient have reduced appetite?	Screening risk score	Frailty status (if screened) - Robust (R), PreFrail (PF), Frail (F) Severely Frail (SF) or N/A if not	& patient receiving nutrition support (e.g. Dietary counselling / ONS / EN)
No.	Yrs	M/F	1 - 3 (see footnote *)	1 - 3 (see footnote **)	1 - 6 (see footnote ***)	Kg	Kg	m	Est. %	Y/N	Y/N	MUST 0 - 3 MST 0 - 5 MNA 1 - 14 Other	R/PF/F/SF	Y/N

***Where admitted from:**

- 1. Home 2. Hospital 3. Other care home

****Type of residency**

- 1. Long term residential 2. Transitional care (eg. post hospital) 3. Respite

*****Clinical conditions present**

- 1. Dementia / significant cognitive impairment 2. Dysphagia 3. Cancer 4. Renal disease (moderate to severe) 5. Chronic wounds 6. History of falls

