



Good nutrition is an important part of your treatment. Patients and care providers should fill this out together so you know what you need to do when you leave the hospital.

PATIENT NAME

DATE

REASONS FOR HOSPITALIZATION

List the medical issues and nutritional concerns the patient is/was experiencing.

POTENTIAL CAUSES

List potential causes of the patient's medical issues.

TREATMENT AND CARE PLAN

List what steps the patient can take to continue recovery at home including nutritional interventions.

SEEK HELP WHEN

List reasons to call the doctor immediately.

TIMELINES & FOLLOW-UP

List when and how the patient will follow up during their recovery.

QUESTIONS AND CONCERNS

List and answer any questions or concerns the patient has.

CLINICIAN NAME

DATE

Adapted from the Passport to Trust <http://passporttotrust.org>