



## ASSESSMENT FORM

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Program Criteria

Areas of Need	Low	Moderate	High
<b>Weight Change</b>	Maintained Weight (1 point)	Lost > 5lbs in a Month (3 point)	Lost > 10lbs in a Month (5 point)
<b>Diagnosis</b>	Breast/ Genitourinary (1 point)	Gastrointestinal / Lung and CNS (3 point)	Head and Neck (5 point)
<b>Living Arrangements</b>	Consistent Family Support - Lives with Family (1 point)	Lives Alone with Family Support (3 point)	No Family Support Lives Alone (5 point)
<b>Daily Living/Neuro-Psych (listed below)</b>	1 NP-ADL (1 point)	2 NP-ADL (3 point)	3 NP-ADL (5 point)
<b>Current or Anticipated Symptoms</b>	1 Symptom (1 point)	2 Sypmtoms (3 point)	3 Symptoms (5 point)
<b>Social</b>			Unable to Prepare Own Food / Financial Instability (5 point)
<b>Sub Total</b>			

(check all that apply) Score in Area Above.

#### Neuro-Psych Assessment and Activities of Daily Living

- Needs assistance with dressing or bathing
- Uses ambulatory equipment (w/c, walker, etc.)
- Cognitive impairment

#### Current or Anticipated Symptoms

- Altered smell or taste
- Nausea or vomiting
- Anorexia
- Fatigue
- Diarrhea

Low Risk = 0 - 4 points (Continue to Observe)

Moderate Risk = 5 - 7 points (Consider Referral)

High Risk = 8+ points (Recommend Referral)

Total Score: