

## **Clinical Information Summary Sheet**

The purpose of the Clinical Information Summary Sheet is to document the significant clinical findings that contribute to the formulation of the member's diagnosis and treatment protocol. It is the standard tool you may use to communicate with the peer clinical evaluation manager when submitting a nutrition care plan for verification of Medical Necessity. This tool is a summary, does not constitute a complete or adequate record, and should not be used as your primary history and examination form.

The Clinical Information Summary Sheet may be used for:

1. Documenting findings from a new patient assessment
2. Documenting an established patient's clinical assessment if they suffer a new injury/condition
3. Documenting an established patient's clinical assessment if they suffer an exacerbation which requires a new nutrition care plan
4. Documenting established patient assessment if continuing care is necessary or the member is not progressing as expected

The following are general guidelines for completing the Clinical Information Summary Sheet.

### **Section I: Services provided prior to today and the therapy outcome**

In this section you should list any treatments you have already rendered and how the patient responded to those visits.

### **Section II: Historical Information**

In this section list each Chief Complaint along with related historical findings, any pertinent past medical history or co-morbid condition that may affect recovery.

### **Section III: Physical Assessment Information**

This section allows you to report vital signs, anthropometric measurements and a summary of what you found in your physical assessment. For example, list important findings regarding hydration status, wasting, cognition, alertness, abdominal palpation, swellings, etc.

### **Section IV: Laboratory and other Diagnostic Testing Results**

Please include the main laboratory, home testing or other diagnostic results used to complete your evaluation and care plan and to track outcomes. Examples might be home blood glucose monitoring, electrolyte levels, or lipid levels. Other diagnostic results such as bone densitometry can also be recorded in this section.

### **V: Nutrition Assessments/Conclusions**

In this section, please explain your assessments of the current nutritional status, any progress made toward goals and any changes you plan to make to your care plan.

### **Section VI: Nutrition Care Plan Objectives/Goals**

It is helpful to list your goals of nutrition care. (e.g.; etc.). Record the desired outcomes of interventions such as dietary recommendations, nutrient supplementation, home care instructions, and patient education. The goal of the nutrition care plan should be appropriate for the diagnosed medical condition for which the care is provided.

### **Additional Comments**

Please do not hesitate to provide any additional information you feel is important for us to know regarding the patient's condition that will aid us in making a medical necessity determination.

**Clinical Information Summary Sheet**

Practitioner Name \_\_\_\_\_

Patient Name \_\_\_\_\_

**I. Services provided prior to today and the therapy outcome**

Total # of Visits \_\_\_\_\_. Patient's response to care \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. Historical Information**

Current main complaint(s) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pertinent health/social/family history \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other ongoing treatments (e.g., medications, therapies) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diet recall, record, food frequency conclusions \_\_\_\_\_

Medication/Nutrient/Supplement Interactions \_\_\_\_\_

\_\_\_\_\_

**III. Physical Assessment Information**

Date of physical assessment \_\_\_\_/\_\_\_\_/\_\_\_\_

Vital Signs and anthropometric measurements: Height\_\_\_\_ Weight\_\_\_\_, BMI \_\_\_\_ WC\_\_\_\_

IBW \_\_\_\_ BP \_\_\_\_ / \_\_\_\_ mmHg, Pulse \_\_\_\_ Other \_\_\_\_\_

Summary of your physical assessment findings \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**IV. Laboratory and other Diagnostic Testing Results**

\_\_\_\_\_  
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**V. Nutrition Assessment/Conclusions**

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**VI. Nutrition Care Plan Objectives/Goals**

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**Additional Comments** \_\_\_\_\_

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**Signature of treating nutrition services practitioner (Required)** \_\_\_\_\_

**Date** \_\_\_\_\_

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