Ensure that all people with HIV infection are screened for nutrition-related problems, based on referral criteria regardless of setting, at each primary care provider visit. **Review and check all that apply:**

### A. HIV Diagnosis and Nutrition Assessment

<table>
<thead>
<tr>
<th>High Risk (HR)</th>
<th>Moderate Risk (MR)</th>
<th>Low Risk (LR)</th>
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<tbody>
<tr>
<td><strong>To Be Seen by RDN Within One Week</strong></td>
<td><strong>To Be Seen by RDN Within One Month</strong></td>
<td><strong>To Be Seen by RDN at Least Annually</strong></td>
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- □ 1. HIV or AIDS newly diagnosed
- □ 2. No nutrition assessment by a registered dietitian or not seen by a registered dietitian in 12 months
- □ 3. Patient requests RDN consult

### B. Body Composition and Weight Concerns

- □ 1. New wasting diagnosis
- □ 2. Poor growth, lack of weight gain or failure to thrive in pediatric patients
- □ 3. Five (5%) or more unintentional weight loss within four weeks
- □ 4. Ten (10%) or more unintentional weight loss over four to six months, (% weight change = last body wt – current body weight / last body weight x 100)
- □ 1. Underweight (< 20 BMI)
- □ 2. Evidence or suspected muscle loss
- □ 3. Obesity (>30 BMI)
- □ 4. Client or provider initiated weight management
- □ 5. Evidence for body fat change:
  - □ a. Central fat adiposity
  - □ b. Fat accumulation:
    - □ 1. Neck
    - □ 2. Upper back
    - □ 3. Breasts
    - □ 4. Other: ________________

### C. Oral/GI Symptoms and Side Effects

- □ 1. Severe dysphagia (swallowing difficulty)
- □ 2. Enteral or parenteral feedings
- □ 3. Complicated food-drug interactions
- □ 1. Possible food-drug-nutrient interactions
- □ 2. Food allergies or food intolerances: ________________________________
- □ 3. Oral or esophageal thrush
- □ 4. Dental problems interfering with intake
- □ 5. Persistent:
  - □ a. Nausea or vomiting
  - □ b. Diarrhea
  - □ c. Heartburn
  - □ d. Gas
  - □ e. Bloating
  - □ f. Poor appetite
  - □ g. Other: ________________

- □ 1. Stable desirable weight
- □ 2. In pediatrics, appropriate:
  - □ a. Weight gain
  - □ Growth and weight-for-height
- □ 1. No oral symptoms or side effects
- □ 2. No GI symptoms or side effects
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**D. Metabolic and Other Medical Conditions and Labs**
- ☐ 1. Poorly controlled diabetes mellitus
- ☐ 2. Pregnancy
- ☐ 3. Infancy
- ☐ 4. Current illness or opportunistic infection
- ☐ 5. Dialysis

Abnormal, trending abnormal or taking medications to control:
- ☐ 1. Cholesterol, LDL-cholesterol, HDL-cholesterol or triglycerides
- ☐ 2. Blood glucose
- ☐ 3. Blood pressure
- ☐ 4. Creatinine, BUN, LFT, GFR
- ☐ 5. Potassium, phosphorous, sodium, or calcium, other________
- ☐ 6. Vitamin blood levels
- ☐ 7. Other nutrition-related labs: ___
- ☐ 8. Osteopenia or osteoporosis
- ☐ 9. Liver disease
- ☐ 10. Kidney disease
- ☐ 11. Anemia, type: ________________
- ☐ 12. Cancer
- ☐ 13. Tuberculosis
- ☐ 14. CNS disease resulting in a decrease in functional capacity
- ☐ 15. Other: ________________

**E. Psychosocial Barriers, Eating and Other Behaviors**
- ☐ 1. Suspected poor composition or adequacy of diet
- ☐ 2. Evidence of inappropriate or excessive vitamin, mineral or other dietary or herbal supplement intake
- ☐ 3. Inappropriate use of diet pills, laxatives or other over-the-counter medications
- ☐ 4. Substance abuse: Current or in the recovery process
- ☐ 5. Disordered eating:
  - ☐ a. Anorexia
  - ☐ b. Binging
  - ☐ c. Purging
  - ☐ d. Purposely skips meals
  - ☐ e. Other: __________
- ☐ 6. Follows diet for religious, vegetarian or other reasons
- ☐ 7. Evidence for:
  - ☐ a. Sedentary lifestyle
  - ☐ b. Excessive exercise regimen
- ☐ 8. Unstable psychosocial situation (especially in children):
  - ☐ a. Homelessness

- ☐ 1. Stable HIV disease and with no active infections
- ☐ 2. Normal blood levels of:
  - ☐ a. Cholesterol
  - ☐ b. Triglycerides
  - ☐ c. Albumin
  - ☐ d. Glucose
- ☐ 3. Normal:
  - ☐ a. Hepatic function
  - ☐ b. Renal function
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<tr>
<td>☐ b. Homebound</td>
<td>☐ c. Difficulty securing food</td>
<td>☐ d. Other: ________________</td>
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<tr>
<th>__ Total number of checks</th>
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<tbody>
<tr>
<td>&gt;1 check:</td>
<td>&gt;1 + Ø high risk checks:</td>
<td>Ø high risk + Ø moderate risk checks:</td>
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**Action needed**

☑ To be seen by RDN within one week  ☑ To be seen by RDN within one month  ☑ To be seen by RDN at least annually

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Authorized Provider’s Name, Printed  
Authorized Provider’s Name, Signed  
Date

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Medical Nutrition Therapy (MNT) by an RDN is indicated for at least one to two MNT encounters per year for people with HIV infection who are asymptomatic, and at least two to six or more MNT encounters per year for people with HIV infection who are symptomatic but stable, acute or palliative.

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