



# New Zealand Dietitians Board

*Te Mana Mātanga Mātai Kai*

## Observed Clinical Patient Consultation form

Date:

Reviewer:

Reviewee:

Setting: Inpatient  Outpatient  Primary Care  Other  \_\_\_\_\_  
(please state)

### Nutrition Care Process

#### 1. Assessment

Dietitian used available resources to gather accurate and relevant information:

Referral managed correctly	Yes	No	N/A
Discussed with medical team	Yes	No	N/A
Reviewed notes, reports, test results etc.	Yes	No	N/A
Obtained patient consent for observation of consultation	Yes	No	N/A
Assessed information appropriately	Yes	No	N/A
(not necessarily in this order)			
• Anthropometry	Yes	No	N/A
• Biochemistry	Yes	No	N/A
• Clinical	Yes	No	N/A
• Diet	Yes	No	N/A
• Extra/Exercise/Estimated requirements	Yes	No	N/A

Comments:

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2. Nutrition Diagnosis appropriate Yes No N/A

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## Nutrition Intervention

Involved patient/whanau in setting SMART goals	Yes	No	N/A
Provided information that was accurate and appropriate	Yes	No	N/A
Consults with Cultural Advisors/Interpreter when appropriate	Yes	No	N/A

Comments:

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## Monitoring and Evaluation

▪ Reviewed and adapted intervention as appropriate	Yes	No	N/A
▪ Demonstrated appropriate discharge planning	Yes	No	N/A

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## Effective communication

Appropriately prepared patient/space	Yes	No	N/A
Appropriate greeting and introductions reason and purpose of consultation explained	Yes	No	N/A
Engaged in active listening and showed empathy	Yes	No	N/A
Demonstrated appropriate verbal and non-verbal communication	Yes	No	N/A
Motivated patient to take responsibility	Yes	No	N/A
Provided opportunities for patients to ask questions	Yes	No	N/A
Documented in accordance with ethical /legal / organisational requirements	Yes	No	N/A

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**Debrief Discussion Points**

(Reviewee led summary)

Reflection of Clinical Practice:

Evidence of Good Practice:

Points of Action:

Follow Up Required:

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Reviewer

\_\_\_\_\_

Reviewee