



New Zealand Dietitians Board

Te Mana Mātanga Mātai Kai

Peer Review Case Study form

Reviewee: _____ Reviewer: _____

| Nutrition Care Process Assessment | Yes | No | N/A | Comments |
|-----------------------------------|-----|----|-----|----------|
| Patient identifier | | | | |
| Reason for referral | | | | |
| Age | | | | |
| Confirmed diagnosis | | | | |
| GP/Consultant | | | | |
| Anthropometric DATA | | | | |
| Weight | | | | |
| Height | | | | |
| BMI | | | | |
| Growth centiles | | | | |
| Waist circumference | | | | |
| Weight history | | | | |
| Goal weight | | | | |
| Biochemistry Data | | | | |
| Relevant indices | | | | |
| Relevance noted | | | | |
| Clinical DATA | | | | |
| Relevant medical history | | | | |
| Relevant surgical history | | | | |

| | | | | |
|---|--|--|--|--|
| Presenting symptoms | | | | |
| Medications/Supplements | | | | |
| Dietary DATA | | | | |
| Previous nutrition education or intervention | | | | |
| Assessment method | | | | |
| Diet summary | | | | |
| Extra DATA | | | | |
| Activity | | | | |
| Other: Social, family history, lifestyle, barriers | | | | |
| Requirements | | | | |
| Nutrition Diagnosis | | | | |
| Appropriate | | | | |
| Nutrition Intervention | | | | |
| Involved patient in setting SMART goals | | | | |
| Provided information that was accurate and appropriate | | | | |
| Consulted with Cultural Advisors/Interpreter when appropriate | | | | |
| Documentation | | | | |
| Documented in accordance with ethical/legal/organisational requirements | | | | |
| Monitoring and Evaluation | | | | |
| Reviewed and adapted intervention as appropriate | | | | |
| Demonstrated appropriate discharge planning | | | | |

Reflective Summary (completed by Reviewee)

Reflection of Clinical Practice:

Evidence of Good Practice:

Points of Action:

Follow up required:

Suggestions for future focus

1.

2.

3.

Reviewee's signature:

Date:

Reviewer's signature:

Date:
