**Maternal Nutrition Assessment: Adolescent OB Clinic**

Name; Gestational Age; DOB; MRN

**SUBJECTIVE:**

WIC: yes or no; Body image/eating disorder risk/SCOFF; Diet history; Breakfast; Lunch; Dinner; Snacks; Vitamin/Mineral supplements; Infant feeding plan; Nutrition topics discussed today.

**OBJECTIVE:**

Height; Pregravid BMI; Weight today; Pregravid weight; Total weight gain; Recommended weight gain based on BMI at 9 weeks gestation; Weight readings from Last 3 Encounters.

**ASSESSMENT:**

Nutritional risk, interventions, resources, needs.

**PLAN:**

Follow-up and next steps.