NAPIS- NUTRITION REGISTRATION FORM 04/2022

Intake Date:	Provider:

BASIC DEMOGRAPHICS / SOCIAL HISTORY

Last Name: ______________________ **First Name:** ______________________

Gender: ☐ **Female** ☐ **Male** **Other** **DOB:** ______________

Address: ______________________ **City:** ______________ **State:** ________ **Zip:** ______

County: Westchester Rural: No ☐ Yes ☐ Tel: H: Cel. : ____ ______________

Email Address: ______________________________

Marital Status: Divorced ☐ Domestic Partner/Significant Other ☐ Married ☐ Single ☐ Separated ☐ Widowed ☐

Frail: No ☐ Yes ☐ **Disabled:** No ☐ Yes ☐ **Veteran:** No ☐ Yes ☐

Primary Language: ______________________ Speaks ☐ Reads ☐ Understands Orally ☐

Client does not speak English as their primary language and has ONLY a limited ability to read, speak, write or understand English: No ☐ Yes ☐

Lives With: Alone ☐ Children ☐ Domestic Partner Only ☐ Non-Relatives in a community based setting ☐ Non-Relatives in a facility/institution or group setting ☐ Others Not listed ☐ Parent/Guardian ☐ With Domestic Partner & Others ☐ With Non-Relatives ☐ With Relatives (excludes spouse) ☐ With Spouse ☐ With Spouse and Others ☐

Race: Two or more races ☐ American Indian/Native Alaskan ☐ Asian ☐ Black/African American ☐ White, not Hispanic ☐ Native Hawaiian/Other Pacific Islander ☐ White Hispanic ☐

Ethnicity*:* Hispanic or Latino ☐ Not-Hispanic or Latino ☐

FINANCIAL:

Monthly Income (MUST ANSWER ALL FOUR QUESTIONS):

1. Is the Client's income below national poverty level (see Guidelines Below)? No ☐ Yes ☐
2. Is the Client's income 100% of the national poverty level (see Guidelines Below)? No ☐ Yes ☐
3. Is the Client's income 150% of the national poverty level (see Guidelines Below)? No ☐ Yes ☐
4. Is the Client's income 185% of the national poverty level (see Guidelines Below)? No ☐ Yes ☐

2022 Annual Poverty Guidelines

Household Size	Below 100%	Btw 100 - 124 %	Btw 125 - 149 %	Btw 150 - 184 %	185% & Above
1	$13,589 ☐	$13,590-$16,987 ☐	$16,988-$20,384 ☐	$20,385-$25,141 ☐	$25,142 ☐
2	$18,309 ☐	$18,310-$22,887 ☐	$22,888-$27,464 ☐	$27,465-$33,873 ☐	$33,874 ☐
3	$23,029 ☐	$23,030-$28,787 ☐	$27,450-$32,939 ☐	$34,545-$42,605 ☐	$42,606 ☐

Low Income Minority: No ☐ Yes ☐ **# of people in household:** ______

Medical *(In PeerPlace: Enter the information below in "Medical Comments" of the Medical Coverage section.)*

Medical Conditions: ______________________________

Are you taking any prescribed medicine? Yes ☐ No ☐

Please List Medications ______________________________

Are you allergic to any medication? Yes ☐ No ☐ If Yes, specify below: ______________

Please select the diet that best suits your needs: Regular/No Added Salt ☐ Heart Healthy ☐ Diabetic ☐

Other: Please Specify: ______________________________

Do you have a food allergy? : Yes ☐ No ☐ If Yes, specify below: ______________

____

____

CONTACTS **Emergency Contacts and Physician Below**

	Primary Name: ____________________ **Relationship**:____________________ **Home Tel**: __________ **Cell Phone**: __________ **Work Phone**: __________
	Secondary Name: ____________________ **Relationship**:____________________ **Home Tel**: ___ ___ ______**Cell Phone**: __________ __________ **Work Phone**: ________ ________
	Physician:____________________Facility:____________________ **Address**:____________________**City/State/Zip**____________________ **Tel**: ____________________ **Fax** ____________________

NSI Scale (In *PeerPlace: Enter in "Encounter History / Client Registration" section.)*

Please answer the following Nutrition screening questions. Total all the "Yes" responses and add up score; review the nutritional health results below

Question				
1. Do you have an illness or condition that makes you change the kind and/or amount of food eaten? (i.e. Answer "YES" if you have a condition such as diabetes, high blood pressure, high cholesterol or kidney disease)	No	Yes	2	
2. Do you eat fewer than 2 meals per day?	No	Yes	3	
3. Do you eat few fruits or vegetables or milk products per day? (Fruits/Veg: Answer YES" if you eat LESS than 5 servings each day. 1 serving = 1 cup of raw vegetables, 1 medium fruit, 1/2 cup canned fruit or cooked vegetables) (Milk Portions : Answer Yes if you drink/eat LESS than 2 cups of milk or yogurt, cottage cheese or 2 ounces of sliced cheese daily)	No	Yes	2	
4. Do you have 3 or more drinks of beer, liquor or wine daily?	No	Yes	2	
5. Do you have trouble eating due to problems with teeth/mouth?	No	Yes	2	
6. Do you sometimes have problems buying food because of income?	No	Yes	4	
7. Do you eat alone most of the time?	No	Yes	1	
8. Do you take 3 or more different prescribed or OTC drugs daily?	No	Yes	1	
9. Without wanting to, have you lost or gained 10 pounds in the past 6 months?	No	Yes	2	
10. Are you not always physically able to shop, cook and/or feed yourself?	No	Yes	2	
Total				

A score of **6+** indicates "HIGH" nutritional risk; **3-5** indicates "MODERATE" nutritional risk; and **2 or less** indicates "LOW" nutritional risk.
If a client is High Risk, take action! Make a case note and appropriate referral.

Do you require assistance with grocery shopping? Yes☐ No ☐

Services: Congregate Meals ☐ Nutrition Education ☐ Transportation ☐ Nutrition Counseling ☐

I GIVE PERMISSION TO THE NUTRITION PROGRAM TO CONTACT MY PHYSICIAN OR OTHER MEDICAL PERSONNEL IN CASE OF AN EMERGENCY. THE DATA PROVIDED THROUGH THIS FORM WILL BE TREATED IN A CONFIDENTIAL MANNER.

SIGNED:____________________**DATED:** __________