

RYAN WHITE PART B PEER REVIEW 2009-2010

Virginia Department of Health

Division of Disease Prevention

HIV Care Services

Chart Review

Medical Nutrition Therapy

ID#

	YES	NO	NA	COMMENTS
1. Is there a referral in the client's record from a Ryan White Part B provider?				
2. Evaluation				
<ul style="list-style-type: none">• Is there documentation present in the client's record, signed and dated by a licensed dietitian, that an initial nutrition evaluation was completed?				
3. Individualized Nutrition Plan				
<ul style="list-style-type: none">• Is there documentation in the client's record, signed and dated of an individualized nutrition plan (INP) developed within 30 days of the nutrition evaluation?				

	YES	NO	NA	COMMENTS
<ul style="list-style-type: none"> • Is there documentation present in the client's record, signed and dated, that the client collaborated in the development of the plan? 				
<ul style="list-style-type: none"> • Is there documentation in the client's record, signed and dated, that the client received education about nutrition and appropriate foods? 				
<ul style="list-style-type: none"> • Is there documentation present in the client's record, signed and dated, that the client, dietitian, and case manager communicated with each other regularly? 				

	YES	NO	NA	COMMENTS
4. Referrals				
<ul style="list-style-type: none"> Is there documentation of all referrals and outcomes present in the client's record, signed and dated? 				
5. Reassessment				
<ul style="list-style-type: none"> Is there documentation present in the client's record, signed and dated, that a reassessment was completed every 6 months? 				

Reviewer _____ Date _____

Subcontractor staff(s) interviewed _____