

Nutrition and WIC Services Management Evaluation Tool Active Client Record Review – Nutrition

Agency / Clinic: _____ Date of ME: _____

Evaluator(s): _____

Client Name & ID #	DOB	Cat	Cert Date	CPA	Surv data fields completed	ATOD screening & referrals	ATOD info doc
1)							
2)							
3)							
4)							

Client # (above)	Appro med data doc	Birth data recorded	Diet? aire	Risk factors assigned & documented	Doc risk factors missing	Health/nutr referrals appro	Imm screening & referrals
1)			<input type="checkbox"/>				
2)			<input type="checkbox"/>				
3)			<input type="checkbox"/>				
4)			<input type="checkbox"/>				

Client # (above)	BF promo doc for PG	Goal/Plan completed	Counseling tailored to client	Doc fields used appro	Flow sheet completed correctly	Mid-cert appt scheduled for BF & I	2 NE contacts planned for BF & I
1)							
2)							
3)							
4)							

Client # (above)	Risk Status	HR appt		2nd NE contact		2nd NE topic / appropriate?	Most recent food pkg	Appro. doc for tailored food pkg
		scheduled	documented	scheduled	documented			
1)								
2)								
3)								
4)								