

Registered dietitian assessment template for Medically Tailored Meals (MTM) request



eocco

EASTERN OREGON
COORDINATED CARE
ORGANIZATION

To request a Medically Tailored Meal, please complete an MTM request by visiting eocco.com/web-forms/health-related-social-needs and attach this completed document to the request.

| | |
|--|-------------------|
| Today's date | |
| Registered dietitian conducting assessment | |
| Member name | Member's EOCCO ID |
| Date of assessment | ICD-10 code |
| Member diagnoses | |

Demographics

| |
|--|
| Member mailing address (must match authorization mailing address, this cannot be a PO box) |
| Member contact information changes (if any) |
| Additional (relevant) information provided by the client (if any) |
| Menu recommendation |

Nutrition assessment

Assessment

Overall health

How would you rate your overall health?
(choose one: 1 = very low, and 5 = very good/high)

① ② ③ ④ ⑤

Medical history

Any recent diagnoses or hospitalizations?

Yes No

Diet quality and nutrition literacy

How would you rate the quality of your diet?
(choose one: 1 = very low, and 5 = very good/high)

① ② ③ ④ ⑤

What is your confidence level in your ability to make healthy food choices?
(choose one: 1 = very low, and 5 = very good/high)

① ② ③ ④ ⑤

Barriers?

Condition management

What is your confidence in your ability to manage your health conditions?
(choose one: 1 = very low, and 5 = very good/high)

① ② ③ ④ ⑤

Food insecurity

Are you physically unable to, or is it challenging for you to shop, cook, and/or feed yourself?

Yes No Unsure

Within the past 12 months, have you been worried whether your food would run out before you have money to buy more?

Often true Sometimes true Never true

Within the past 12 months, the food you bought didn't last and you didn't have money to get more?

Often true Sometimes true Never true

Meal/dietary preferences

Any food allergies that the MTM provider should be aware of?

Dietary preferences that the MTM provider should be aware of?

Final MTM Recommendation

There is a minimum meal quantity of 3 meals per week in order to our MTM service provider to mail meals.

Do you recommend this member for a MTM?

Yes No

If 'Yes' to above, how many meals per day?

① ② ③

How many days per week?

③ ④ ⑤ ⑥ ⑦

How many months are you recommending this member receive meals?

① ② ③ ④ ⑤ ⑥