



**SUBJECTIVE GLOBAL ASSESSMENT (SGA): Nutritional Support Products**

Member Name: \_\_\_\_\_

Does member have feeding tube?  Yes  No

Member ID #: \_\_\_\_\_

Member Diagnoses: \_\_\_\_\_

**1. Weight change:**

\*Please document weight loss:

Current weight: \_\_\_\_\_ kg/lb

Base weight: \_\_\_\_\_ kg/lb

Ideal Body Weight (IBW): \_\_\_\_\_ kg/lb

Weight loss in the past 6 months:

0-5%

5-10%

>10%

Weight change in past two weeks:

Increase \_\_\_\_\_ kg/lb

Decrease \_\_\_\_\_ kg/lb

Stable \_\_\_\_\_ kg/lb

If the member is a child, has he/she crossed 2 or more growth curves in the last 6 months?  Yes  No

**2. Diet intake:**

No change or suboptimal intake

Liquid diet

Hypocaloric fluids or starvation

**3. Gastrointestinal symptoms for >2 weeks:**

None

Anorexia and nausea

Vomiting

Diarrhea

**4. Functional capacity:**

Normal

Work capacity diminished by 50%

Ambulatory (i.e. capable of only activities of daily living)

Bedridden

**5. Physiologic stress:**

None

Minimal

High

**6. Physical signs:**

Loss of subcutaneous fat over:

Triceps

Chest

Fluid retention:

Edema

Ascites

Muscle wasting:

Deltoids

Temporal

Quadriceps

Mucosal lesions:

Glossitis

Skin rash suggestive deficiency

\*Note: If there is recent weight gain, previous loss is not considered in the assessment.

**Provider's Signature:** \_\_\_\_\_

**Date of Assessment:** \_\_\_\_\_

**Failure to complete this assessment will result in denial of prior authorization for specified nutritional support products.**