Gut Health Checklist

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Work through each item in order and mark it as completed. Add a note against anything you could not complete, and sign the form when you finish.

Name: _____ **Date completed:** _____ dd / mm / yyyy

Date of birth: _____ dd / mm / yyyy **Record / MRN number:** _____

BEFORE YOU START

- [ ] Confirm identity and check the record is the correct one
- [ ] Confirm consent is in place and still valid
- [ ] Check for allergies, contraindications and recent changes
- [ ] Gather the equipment and paperwork you need

GUT HEALTH - MAIN STEPS

- [ ] Check intake patterns and portion detail
- [ ] Record tolerances, allergies and exclusions
- [ ] Review measurable targets and review dates
- [ ] Confirm nothing has been missed

BEFORE YOU FINISH

- [ ] Complete the record while the detail is fresh
- [ ] Agree adherence barriers and practical substitutions
- [ ] Give written information and contact details
- [ ] Book or confirm the next appointment

ANYTHING NOT COMPLETED

Anything not completed

- [ ] Item
- [ ] Reason
- [ ] Action needed
- [ ] By when

NOTES

Notes

Signature and date

Checked by: _____