



Professional Diploma in Diet and Nutrition

Case Study Guidance Form

To be completed by the lecturer and verified by NHNA

Please attach a copy of this sheet to the front of each participant's completed case study work.

Participant's Name : _____

Identity Card Number : _____

	<i>Please tick box</i>	Yes	No
Consultation			
Medical History			
Lifestyle <i>(inc. Stress levels at home and stress levels at work – on a scale of 1-10)</i>			
Client profile			
Full diet plan			
Feedback to show progression			
Reflective practice			
Overall conclusion of the case study			
Have all the case studies been completed?			

Please note; each box must be ticked 'Yes' in order to gain a pass grade. If any area is answered 'No' the case studies will be referred until the omitted section is completed.

Trainer's Signature

Participant's Signature