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Date patient was seen on (Date): PNC name:Patient Code Number:ICD 9 Code:Site of Visit:Complaint Reason patient stated for visit:Pt. Visit: (Indicate whether New or Follow Up)Subjective:Food intake: In this box, comment on things that patient has talked about related to clients foodintake. (Examples might be: eating patterns are stable, incorporating extra servings of vegetablesper recommendations...

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