DIET ORDER & COMMUNICATION

Resident Name:_____ Room #:_____ Date:_____/_____/_____

COMMUNICATION: ❑ Diet Change ❑ New Resident ❑ Discharge ❑ Room Change to Room_____

CHANGE NOTICE: ❑ Hospital ❑ Hold Tray Until_____ ❑ Change to Table_____

❑ Dining Room Change To_____ Dining Room ❑ Readmit

❑ Leave of Absence Until_____

DIET ORDER: ❑ Regular ❑ Full Liquids ❑ No Added Salt ❑ Clear Liquids ❑ Controlled Carbohydrates ❑ NPO ❑ _____

TEXTURE: ❑ Regular ❑ Mechanical Soft ❑ Pureed ❑ Other _____ ❑ Thickened Liquids ❑ Nectar ❑ Honey ❑ Pudding ❑ _____

FOOD ALLERGIES: _____

Known Food/Beverage Intolerances:_____

❑ See Resident

❑ Registered Dietitian Consult needed

❑ Start/Change Snack:_____

❑ Start/Change Supplement:_____

❑ Weight Loss ❑ Abnormal Lab Values

❑ Skin Breakdown ❑ Chewing/Swallowing Problems

❑ Food Complaints ❑ Decline in Food/Fluid Intake

❑ Adaptive Equipment:_____

BEVERAGE PREFERENCES:

Breakfast _____

Lunch _____

Supper _____

Signature_____ _____ Date:_____/_____/_____

Title

BRIGGS