

## Dietary Interview/Pre-Screen

This form is designated to assist in assessing food preferences. This form may be filled out by the resident

**Beverage Preference: Please check the appropriate boxes**

	Breakfast *	Lunch ^	Dinner ~	
Coffed				
Decaf Coffee				
Hot Tea				
Milk				
Tomato Juice				
Fruit Juice *				Breakfast only
Lemonade ^				Lunch only
Iced Tea ~				Dinner only

**Special Preferences: Please write in special preferences for each meal**

Breakfast	Lunch	Dinner
Cereal: Hot/Cold		
Eggs:		
Juice:		
Other:		

**Circle DISLIKES:**

Breakfast	Meats	Misc.	Vegetables	Fruit & Juice
Eggs:	Beef, ground	Casseroles	Beets	Applesauce
Scrambled	Beef, roast	Custard	Broccoli	Bananas
Fried	Beef, steak	Gelatin	Cabbage	Blueberries
French toast	Chicken	Gravies	Carrots	Cantaloupe
Pancakes	Fish	Macaroni & Cheese	Cauliflower	Fruit Cocktail
Bacon	Ham	Peanut butter	Corn	Oranges
Sausage	Hot dogs	Pudding	Green beans	Peaches
Hot cereal	Lunch meat	Salads	Lettuce	Pears
Cold cereal	Pork, chop	Sandwiches	Lima beans	Pineapple
	Pork, roast	Sherbet	Peas	Plums
<b>Bread/Starches</b>	Tuna	Soups	Spinach/greens	Prunes
Wheat bread	Turkey	Spicy Foods	Squash	Strawberries
White bread			Tomatoes	Watermelon
Legumes		<b>Dairy</b>	Wax beans	Juice - Apple
Pasta		All Dairy Products	Zucchini	Juice - Cranberry
Potatoes		Cheeses		Juice - Grape
Rice		Cottage Cheese		Juice - Orange
		Ice Cream		Juice - Prune
		Milk		

Cultural/Ethnic/Religious Food Concerns: \_\_\_\_\_ UWR: \_\_\_\_\_

Interpreter Needed: Yes \_\_\_\_\_ No \_\_\_\_\_ **Food Allergies:** \_\_\_\_\_

Swallowing Problems: Yes \_\_\_\_\_ No \_\_\_\_\_ Chewing Problems: Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_Dentures \_\_\_ Own Teeth \_\_\_Edentulous Resident's Dining Choice: \_\_\_ Dining Room: \_\_\_\_\_Table# \_\_\_\_\_Room \_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_

*Resident is aware that there are alternate and/or always available available items upon request as noted on menu.*

Yes \_\_\_\_\_ No \_\_\_\_\_

Birth Date: \_\_\_\_\_

Current Weight: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Resident:</b>	<b>ID#:</b>
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