



## Dining Preferences Summary

Patient's Name: \_\_\_\_\_ Room Number: \_\_\_\_\_ Date: \_\_\_\_\_

Personal Information: (Note particular habits regarding meals)

Meal times offered at: \_\_\_\_\_ Are these times acceptable, (circle) Yes or No

<b>BREAKFAST:</b>	
<b>Weekdays:</b> Entrée & beverages	Usual Time/ Usual Routine/Habit
<b>Weekends:</b> Entrée & beverages	Usual Time/ Usual Routine/Habit

<b>LUNCH:</b>	
<b>Weekdays:</b> Entrée, Dessert & beverages	Usual Time/ Usual Routine/Habit
<b>Weekends:</b> Entrée, Dessert & beverages	Usual Time/ Usual Routine/Habit

<b>DINNER:</b>	
<b>Weekdays:</b> Entrée, Dessert & beverages	Usual Time/ Usual Routine/Habit
<b>Weekends:</b> Entrée, Dessert & beverages	Usual Time/ Usual Routine/Habit

Preferred portion size at each meal      **Breakfast** \_\_\_\_\_ **Lunch** \_\_\_\_\_ **Dinner** \_\_\_\_\_

Preferred SNACK times: \_\_\_\_\_ Snack of choice: \_\_\_\_\_

Favorite foods, desserts, condiments, etc.: \_\_\_\_\_

Any Food Allergies / Foods Intolerants / Ethnic Foods Desired / Dislikes:

Any history of diet restrictions? Explain:

Note any special considerations (need assistance with setup, assist in feeding, tremors, needs encouragement, patient unable to provide information, chewing or swallowing problems) \_\_\_\_\_



## Community Dining Programs

### Resident Interview about Community Meal Service

Do you feel the staff treats you with respect & dignity?(ex. Does staff take the time to listen to you and is staff helpful when you request assistance?)      YES or NO (explain)

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Does the food taste good and look appetizing?      YES or NO (explain)

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Is the food served at an acceptable temperature?      YES or NO (explain)

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Are you able to participate in making decisions regarding food choices/ preferences?

YES or NO  
(explain) \_\_\_\_\_

### Explain Facility Dining Program to Resident and Available Family Members

Where the menus are posted/available: \_\_\_\_\_

Explain availability of food choices and how to request a menu substitute (ex. provide copy of the “Always Available Menu”, policy for alternative choices)

Options for dining locations and style of dining:

Location/style preferences:      Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

Location of snacks: \_\_\_\_\_

List snack preferences and times: \_\_\_\_\_

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Community protocol & educational material for foods brought in from outside : (label, date, cover, cooking & holding temperatures, etc.)

Private Refrigerator- in -room policy:

Guest meal policy (cost, ordering meals, dining locations, etc)