

Food and Fluid Preferences

Resident:

DOB/ CHI:

Date:

Diet preferences

Meal	Preferences
Breakfast	
Lunch	
Evening Meal	
Supper	
Snacks	

Drinks preferences

Meal	Preferences
Hot Drinks e.g. tea/coffee with sugar/milk	
Cold Drinks e.g. diet cola, full sugar irn bru, fresh orange juice etc	

Date Updated:

Staff Name and Signature:

Chef Name and Signature:

Food and Fluid Preferences

Resident:

DOB/ CHI:

Date:

Dislikes

Meal	Preferences
Food	
Fluid	

Special requests and preferences:

Meal	Preferences
Eating and drinking utensils:	
Dining preferences:	
Sensory considerations:	
IDDSI food and fluid levels:	
Specialist/ therapeutic diet:	
Other:	

Date Updated:

Staff Name and Signature:

Chef Name and Signature: