Dietary Information

SURNAME		ROOM NUMBER
GIVEN NAME		**DOB**

Dietary Profile

Fluid Consistency

☐ Thin - TNO ☐ Moderately Thick - MO3

☐ Slightly Thick - ST1 ☐ Extremely Thick - EX4

☐ Mildly Thick - MT2

Meal Size

☐ Small

☐ Medium

☐ Large

Allergies

Dislikes

Texture

☐ Regular - RG7 ☐ Puree - PU4 ☐ PEG Fed ☐ Soft and Bite sized - SB6

☐ Cut Up ☐ Minced Meat Soft Vege ☐ Soft Cut Up ☐ Puree Meat Soft Vege

☐ Minced Meat Only ☐ Minced & Moist - MU4 ☐ Nil Orally

Other Texture (Please Specify)

Specific Diet

☐ Diabetic ☐ Vegetarian ☐ HEHP

☐ Gluten Free ☐ Lactose Free ☐ High Protein

☐ High Energy ☐ Kosher ☐ High Fibre

Other Diet (Please specify)

Special Cutlery / Crockery Requirement (Plate Guard, Special Cutlery etc)

Breakfast Preferences

Cereal Options

- [ ] Cornflakes
- [ ] Weet Bix
- [ ] All Bran
- [ ] Special K
- [ ] Weeties
- [ ] Muesli
- [ ] Toasted Muesli
- [ ] Nutri-Grain
- [ ] Just Right
- [ ] Gluten Free Cornflakes
- [ ] Rice Bubbles
- [ ] Sultana Bran
- [ ] Porridge
- [ ] Provides Own Cereal
- [ ] Any Cereal

Milk Options

- [ ] Full Cream
- [ ] Full Cream Milk
- [ ] Lactose Free Milk
- [ ] Almond Milk
- [ ] Rice Milk
- [ ] Soy Milk

Other Milk Preference (Please specify)

Fruit Preferences (Please specify)

Yogurt Preferences (Please specify)

Prune Preferences (Small, Medium or Large)

Bread Options

- [ ] White
- [ ] Gluten Free
- [ ] Crust On
- [ ] 1 Slices
- [ ] Brown
- [ ] Raisin
- [ ] Crust Off
- [ ] 2 Slices
- [ ] Multigrain
- [ ] Soy and Linseed
- [ ] Toasted
- [ ] 3 Slices
- [ ] Non-Toasted
- [ ] 4 Slices

Other Bread Preference (Please specify)

P/C or Applied

- [ ] P/C
- [ ] Applied

Butter / Margarine

- [ ] Butter
- [ ] Margarine

Spread Options

- [ ] Strawberry Jam
- [ ] Apricot Jam
- [ ] Raspberry Jam
- [ ] Marmalade
- [ ] Honey
- [ ] Vegemite
- [ ] Nutella
- [ ] Diet Jam
- [ ] Any Jam
- [ ] Cream Cheese
- [ ] Peanut Butter
- [ ] Provides Own Spread

Other Spread Preference (Please specify)

Hot Breakfast Preferences and Comments

Hot Drink Options

Other Drink (Please specify)

☐ White Coffee ☐ Black Coffee ☐ Milo
☐ White Tea ☐ Black Tea ☐ Decaf Coffee

Would you prefer sugar or sweetener? If so please specify as well as the amount (i.e. one sugar with tea)

Cold Drink Options

Other Drink (Please specify)

☐ Orange Juice ☐ Apple Juice ☐ Cranberry Juice
☐ Tomato Juice ☐ Cordial ☐ Diet Cordial
☐ Pineapple Juice

Morning Tea Preferences

Hot Drink Options

Other Drink (Please specify)

☐ White Coffee ☐ Black Coffee ☐ Milo
☐ White Tea ☐ Black Tea ☐ Decaf Coffee

Would you prefer sugar or sweetener? If so please specify as well as the amount (i.e. one sugar with tea)

Any other Morning Tea Comments or Preferences? (Please specify)

Lunch Preferences

Any Lunch Food or Drink Preferences? (Please specify)

Dinner Preferences

Any Dinner Food or Drink Preferences? (Please specify)

Personalised care by dedicated people

www.ibis.care

Afternoon Tea Preferences

Hot Drink Options

☐ White Coffee   ☐ Black Coffee   ☐ Milo

☐ White Tea   ☐ Black Tea   ☐ Decaf Coffee

Other Drink (Please specify)

Would you prefer sugar or sweetener? If so please specify as well as the amount (i.e. one sugar with tea)

Any other Afternoon Tea Comments or Preferences (Please specify)

Supper Preferences

Hot Drink Options

☐ White Coffee   ☐ Black Coffee   ☐ Milo

☐ White Tea   ☐ Black Tea   ☐ Decaf Coffee

Other Drink (Please specify)

Would you prefer sugar or sweetener? If so please specify as well as the amount (i.e. one sugar with tea)

Any other Supper Comments or Preferences (Please specify)

Supplement Requirements

Please list any supplement requirements and time to be taken (i.e. Breakfast, Lunch, Afternoon Tea, Dinner etc)

Resident Tray (Please choose either Breakfast, Morning Tea, Lunch, Afternoon Tea, Dinner or Supper)

Staff Only

Form submitted by (please print full name)

Signature

Personalised care by dedicated people   **www.ibis.care**