**FOOD PREFERENCES**

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| DIET |  | SUPPLEMENTS/SNACKS |
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| FOOD ALLERGY & INTOLERANCE(S) |  | MAJOR FOOD GROUP PREFERENCE |
|  |  | 🞎 Vegetarian 🞎 No Meat 🞎 Dislikes Fish  🞎 Dislikes Milk 🞎 Religious/Cultural Diet Restrictions: |

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| Adaptive Equipment Needed: |  |
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| Chewing/Swallowing Difficulties: |  |
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| BEVERAGE PREFERENCE | | | |
| Breakfast | 🞎 Juice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 Water  Milk: 🞎 Yes 🞎 No | 🞎 Coffee  🞎 Cream  🞎 Sugar | 🞎 Decaf Coffee  🞎 Cream  🞎 Sugar |
| Lunch | 🞎 Water  Milk: 🞎 Yes 🞎 No  🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Coffee  🞎 Cream  🞎 Sugar | 🞎 Decaf Coffee  🞎 Cream  🞎 Sugar |
| Dinner | 🞎 Water  Milk: 🞎 Yes 🞎 No  🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Coffee  🞎 Cream  🞎 Sugar | 🞎 Decaf Coffee  🞎 Cream  🞎 Sugar |

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| OTHER DIET PREFERENCES |
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| NAME: |  | PHYS: |  | RM: |  | MR#: |  |