Vibrant Aging Community Center Ltd.

DIETARY INFORMATION

Resident is on a special diet prescribed by a doctor: No Yes	If Yes, provide details of special diet
Resident had food allergies/intolerances doctor: No ○ Yes ○	Foods resident is allergic/intolerant to.
Resident's favorite foods	Foods resident dislikes

Potential dietary problems Does resident have: Tooth/mouth problems that interfere with chewing? Yes No Difficulties with self-feeding? Yes No Difficulty swallowing? Yes No Nausea/Vomiting? Yes No Heartburn/Reflux? Yes No	Eating habits Number of meals resident normally eats daily Number of snacks resident normally eats daily Usual time for eating: Breakfast ..... _____ Lunch…… Supper ..... _____
Anthropometry Resident's Weight _____ Height or Arm span _____ BMI _____	Any special dietary requests?

Resident or Representative signature……. Date……..