

# Central Tampa

Assisted Living

## Dietary Preferences

**Resident Name:** \_\_\_\_\_ **Room#:** \_\_\_\_\_

Diet Ordered \_\_\_\_\_

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Food allergies/intolerances: \_\_\_\_\_

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Likes: \_\_\_\_\_

Dislikes: \_\_\_\_\_

Do you drink milk? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ only with cereal

If yes, do you prefer \_\_\_\_\_ skim \_\_\_\_\_ whole

If you need your food modified in any way so that you can chew it, please mark below:

\_\_\_\_\_ chop all foods      \_\_\_\_\_ puree all foods      \_\_\_\_\_ chop meats only

\_\_\_\_\_ grind meats only      \_\_\_\_\_ puree meats only

Are you taking any nutritional supplements ( such as Ensure, Sustacal, Shakeup, Healthshake)? \_\_\_\_\_ yes \_\_\_\_\_ no

Notes:

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