



## New Patient Admission Diet Information Form - Nutrition Care Plan Regional Centres

Patient Identification Label

Date: (D/M/Y)	Meal: (B/L/D)	THERAPEUTIC DIETS										TEXTURE MODIFIED				FLUIDS				<b>INITIALS</b> ↓	DISLIKES	NOURISHMENTS																			
		REGULAR	CLEAR FLUIDS	NPO	FASTING	CONTROL CARB	HEART HEALTHY	HIGH CAL / HIGH PRO	RENAL - PRE - DIALYSIS	RENAL – DYALYSIS	OSTOMY	TODDLER / PEDI	OTHER: _____	SOFT	SOFT w/ Mincd Meat	MINCED	TOTAL MINCED	PUREED	THIN – 0			MIDLY THICK - 2	MODERATELY THICK - 3	EXTREMELY THICK – 4	AM Snacks	PM Snacks	HS Snacks														
																								<b>PORTIONS</b>																	
																								BREAKFAST	Sm	Reg	Lg														
																								LUNCH	Sm	Reg	Lg														
																								SUPPER	Sm	Reg	Lg														
																								<b>BEVERAGES</b>																	
																								COFFEE	B	L	S														
																								TEA	B	L	S														
																								MILK	B	L	S														
																								JUICE	B	L	S														
																								Ensure # ml	B	L	S														
<b>Clinical diet needs:</b>  <b>FOOD ALLERGIES (RED INK ONLY):</b>																			Tube Feed Formula: _____ Tube Feed Amount: _____/Day Breastfeeding:    Yes    No Special Utensils:    Yes    No																						
																			Room#:		Unit:		Patient Name:								Diet:										

Date (D/M/Y)	Additional Diet Information / Changes and / or Notes:	Diet Clerk Initial

Quick tips:

**All Staff:** Reference policy [CLI.4110.PL.029](#) for details.

- Nursing:**
1. Enter pertinent diet information for new admissions.
  2. Submit the New Patient Admissions Diet Information Form - Nutrition Care Plan - Regional Centres (CLI.4110.PL.029.FORM.07) to Nutrition & Food Services Department.

- NFS – Dietary Clerks**
1. Transcribe the information submitted on this form, into the Meal Metrics system. Keep a hard copy for the diet Kardex to reference during power outages.
  2. As diet change forms are submitted to the department through the patient length of stay, document all changes on this form to track changes for each patient.
  3. This form remains in the Diet Kardex for the duration of the patient stay.