



**NEW PATIENT ADMISSION DIET INFORMATION
NUTRITION CARE PLAN - ACUTE COMMUNITY HOSPITALS**

Patient Identification Label

Check <input checked="" type="checkbox"/>		THERAPEUTIC DIETS						TEXTURE MODIFIED						FLUIDS					DISLIKES	
<input type="checkbox"/> New Admission <input type="checkbox"/> Room Transfer <input type="checkbox"/> Discharge From _____ To _____	Date: (D/M/Y)	Regular	Controlled Carbohydrate	Heart Healthy	High Calorie High Protein	Low Fibre	Other: _____	Regular	Soft	Soft with Minced Meat	Minced	Total Minced	Pureed	Thin - 0	Mildly Thick - 2	Moderately Thick - 3	Extremely Thick- 4	Initials		
																			LIKES	
SPECIAL ORDERS							BEVERAGES						PORTIONS:							
BREAKFAST			LUNCH			SUPPER			BREAKFAST		LUNCH		SUPPER		<input type="checkbox"/> Small <input type="checkbox"/> Regular <input type="checkbox"/> Large EATING AIDES: <input type="checkbox"/> Mug <input type="checkbox"/> Special Utensils: _____ <input type="checkbox"/> Plate Guard/Colored Plate <input type="checkbox"/> Other: _____					
									Coffee/Tea		Coffee/Tea		Coffee/Tea							
									Milk		Milk		Milk							
									Juice		Juice		Juice							
Snacks: <input type="checkbox"/> PM <input type="checkbox"/> HS								Ensure Amount _____		Ensure Amount _____		Ensure Amount _____								
Other / Comments																				

Allergies (RED INK): _____ **Intolerances:** _____

Ward/Room #: _____ Patient Name: _____ Diet: _____

