

# Food Preference List

Resident's Name: \_\_\_\_\_

Room: \_\_\_\_\_

Diet: \_\_\_\_\_

Explanation of Menu System: \_\_\_ Yes \_\_\_ No

Does resident understand: \_\_\_ Yes \_\_\_ No

## Food Allergies:

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## Food Dislikes:

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## Food Likes:

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## Beverage Choice:

Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

## Additional Comments:

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Dietary Representative: \_\_\_\_\_