

Resident Meet and Greet



Diet Rx _____
Current Body Wt _____ lbs UBW _____ lbs Ht _____
Weight Change PTA? _____ How Much? _____

Food Likes:

Food Dislikes:

Beverages of Choice:

B _____ L _____ D _____

Cultural or Religious Food Preferences:

Food Allergies:

Food Intolerances:

Location of Meals:

Resident has been informed of:

- _____ Menu Alternatives
- _____ Meal Times
- _____ Hot Beverage Service
- _____ Diet Order
- _____ Menu Posting
- _____ Snack/ Hydration Pass

Information obtained from:

- Resident _____
- Family Member _____
(relation _____)
- Observation _____

Other: _____

Appetite	Good	Fair	Poor
Constipation	Yes	No	
Diarrhea	Yes	No	
Hx GI Distress	Yes	No	
Wt Change Program	Yes	No	

Signature: _____ Date: _____

Resident Name _____ Room _____

Medical Record # _____ M.D. _____