



# Resident Meet and Greet

Diet Rx \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Current Body Wt \_\_\_\_\_ lbs UBW \_\_\_\_\_ lbs

Ht \_\_\_\_\_ Weight Change PTA? \_\_\_\_\_ How Much? \_\_\_\_\_

**Food Likes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Food Dislikes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Beverages of Choice:**

B \_\_\_\_\_ L \_\_\_\_\_ D \_\_\_\_\_

Preferred Portion size  Regular  Small  Large

**Cultural or Religious Food Preferences:**

\_\_\_\_\_  
\_\_\_\_\_

**Food Allergies:**

\_\_\_\_\_  
\_\_\_\_\_

**Food Intolerances:**

\_\_\_\_\_  
\_\_\_\_\_

**Location of Meals:**

\_\_\_\_\_  
\_\_\_\_\_

Special meal time request  Yes  No

**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. \_\_\_\_\_