

# Food Preferences

Resident: \_\_\_\_\_ Room: \_\_\_\_\_ Date: \_\_\_\_\_

Diet: \_\_\_\_\_ Food Allergies/Intolerances: \_\_\_\_\_

Dining Ability                  Independent:                   Assisted:                   Dependent:

Religious, Cultural, or Ethnic Preferences: \_\_\_\_\_

Preferred Breakfast Beverages:    Coffee                   Tea                   Milk                   Juice                   Other: \_\_\_\_\_

Preferred Lunch Beverages:        Coffee                   Tea                   Milk                   Juice                   Other: \_\_\_\_\_

Preferred Dinner Beverages:        Coffee                   Tea                   Milk                   Juice                   Other: \_\_\_\_\_

Food Dislikes                  Choose the food item(s) that the resident does not like.

*Vegetables:*    Asparagus     Beets     Broccoli     Carrots     Cauliflower     Coleslaw     Cucumber   
Green Beans     Lettuce     Mushrooms     Onions     Peppers     Spinach     Squash     Tomato

*Starches:*        Baked Beans:     Butternut Squash:     Chickpeas:     Corn:     Lima Beans:     Peas:   
Potato Salad:     Sweet Potatoes:     Water Chestnuts:

*Fruits:*            Apples:     Apple Sauce:     Apricots:     Bananas:     Berries:     Cantaloupe:     Grapes:   
Kiwis:     Mandarin Oranges:     Oranges:     Pears:     Peaches:     Pineapple:     Watermelon:

*Grains:*            Biscuits:     Cold Cereals:     Corn Bread:     French Toast:     Pancakes:     Noodles:   
Oatmeal:     Rice:     White Breads/Rolls:     Wheat Breads/Rolls:

*Dairy:*             Cheese:     Cottage Cheese:     Ice Cream:     Pudding:     Sour Cream:     Whipped Cream:

*Proteins:*          Bacon:     Beef:     Chicken:     Chili:     Fish:     Ham:     Hot Dogs:     Lunch Meat:   
Peanut Butter:     Roast Beef:     Sausage:     Tacos:     Turkey:

Other Dislikes/Comments: \_\_\_\_\_

Specific Likes: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_