

*****Confidential*****

Special Diet Form

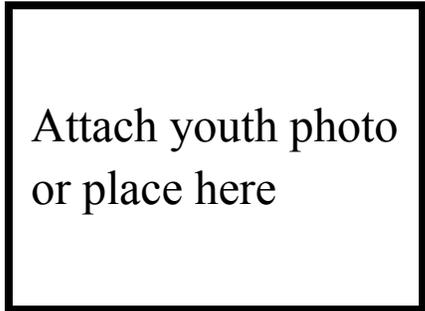
NOTE: This form is only to be used if necessary. Diet must be put on the Intranet ASAP.

Facility Name: _____

Youth Name: _____ **Date of Birth:** _____

The youth named above is to be on the following diet (check all that apply):

- Clear Liquid (Max 3 days)
- Full Liquid (Max 3 days)
- Pureed (Food pureed into drinkable consistency)
- Nothing by Mouth
- Finger Foods
- Bland (Easy to digest, bland food—used for nausea & diarrhea)
- Low Fiber (Used for GI rest)
- Mechanical Soft (Easy to chew, chopped meats, cooked/soft fruits & vegetables)
- Diabetic-No Concentrated Sweets
- Diabetic-Carb Control
- Weight Reduction
- Low Fat/Low Cholesterol¹
- Low Sodium¹
- Vegetarian
- GERD/Acid Reflux
- Pregnancy
- Lactose Intolerance (GI upset; not a milk allergy)
- Malnourished/Underweight (must have below normal BMI; Ensure to be provided)
- Food Allergy: _____



Discontinue Date: _____

Special Instructions: _____

Signature²

Date

¹The regular menu meets nutritional guidelines for total fat, saturated fat, cholesterol and sodium at breakfast and lunch; please only select these diets under extreme circumstances

²Medical diets must be signed by a MD, PA or NP