In order to provide you with satisfying meals, please complete the following form indicating your food preferences. Return the completed form to the nursing staff.

My FOOD INTOLERANCES (foods that cause discomfort such as gas, nausea, skin irritation) are:

________________________________________________________________________

My FOOD ALLERGIES (foods that cause immediate, life threatening or severe reaction) are:

________________________________________________________________________

Are there any ENTREES that you will not eat? __________________________________

________________________________________________________________________

Are there any SOUPS that you will not eat? ____________________________________

________________________________________________________________________

Are there any SANDWICHES that you will not eat? ________________________________

________________________________________________________________________

Are there any VEGETABLES or SALADS that you will not eat? ____________________

________________________________________________________________________

Are there any POTATOES, RICE or PASTA that you will not eat? __________________

________________________________________________________________________

Are there any FRUIT or DESSERTS that you will not eat? _________________________

________________________________________________________________________
I drink **MILK**?   Yes ☐ No ☐ Specify meals______________________________

Which type of **MILK** do you prefer?     Skim ☐  2% ☐ Whole ☐

Which **HOT BEVERAGES** do you drink at:

**BREAKFAST:**    Coffee ☐ Decaff Coffee ☐ Tea ☐ Herbal Tea ☐ None ☐

**LUNCH:**    Coffee ☐ Decaff Coffee ☐ Tea ☐ Herbal Tea ☐ None ☐

**SUPPER:**    Coffee ☐ Decaff Coffee ☐ Tea ☐ Herbal Tea ☐ None ☐

If you drink a **HOT BEVERAGE** what do you take in your:

**COFFEE:**    Sugar ☐ Sweetener ☐ Creamer ☐ Black ☐

**TEA:**    Sugar ☐ Sweetener ☐ Creamer ☐ Black ☐

What type of **BREAD/ROLLS** do you prefer?    Whole Wheat ☐ White ☐

I would like **GRAVY** with applicable meals?   Yes ☐ No ☐

What type of **CEREAL** do you prefer?    Hot ☐ Cold ☐ Both ☐ None ☐

I will eat **SOUP**?   Yes ☐ No ☐

I would like **CRACKERS** served with my soup?   Yes ☐ No ☐

Is there anything else that WRHA Nutrition & Food Services should know about your meal preferences? (ie. food practices followed for religious or cultural reasons)

______________________________________________________________________________________

______________________________________________________________________________________

**THANK YOU FOR YOUR HELP**