

Food & Dietary Restriction Form

Use this form before any visit where we may bring food, snacks, or beverages. Fill out per resident, per unit, or facility-wide as needed. We cross-check this form before every food-related activity.

Visit Information

Facility Name: _____

Event Date: _____

Unit / Hall: _____

Submitted By (staff name): _____

Staff Email / Phone: _____

Resident Identifier

Resident Initials or Room Number: _____

Food Restrictions (check all that apply)

Food Allergies (list below): Yes No

Diabetic / no sugar: Yes No

Mechanical soft diet: Yes No

Puree diet: Yes No

Thickened liquids (nectar / honey / pudding consistency): Yes No

NPO - do not offer food or drink: Yes No

Choking risk - supervised feeding only: Yes No

Religious food restrictions (specify below): Yes No

Details

List specific allergies / restrictions / diet notes: _____

Participation & Safety Notes

Participation limitations: _____

Mobility notes (wheelchair / walker / bed-bound / ambulatory): _____

Behavioral triggers or cautions: _____

Signature: _____ **Date:** _____

Printed name: _____ **Title:** _____

Return completed form to: info@checkmatecommunitytx.org | or hand to our on-site lead at your next visit.