



My food and dining preferences

Name

My meal preferences

e.g. types of food and drink, preferred quantity etc. Food choices must be within reason and reasonably practical for the provider to deliver.

My dining preferences

e.g. when, where and with whom

What assistance (if any) do I need with eating and drinking?

What, if any, health issues impact my eating and drinking?

How much do I normally eat?

What cultural and/or religious traditions or customs do I observe?

Contact details

e.g. regular dietitian, occupational therapist, dental expert, speech pathologist

For staff

Where is the resident's weight recorded?*

Loss of weight and reduced food consumption are warning signs of malnutrition. If you notice changes, contact the resident's dietitian for assistance.

* List where details of the resident's usual weight can be located. Do not record the weight on this preference sheet.

This preference sheet can be completed by aged care residents, with assistance from staff, family, carer, or allied health, where required or requested. Ask the resident where they would like this preference sheet placed in their room.