

My food and dining preferences

Name:	Date completed:
My food and drink preferences For example, types of food and drink and preferred quantity. * Food choices need to be within reason and keep in mind what the provider can deliver.	
My dining preferences When, where, how and who I like to eat with.	
Any support I need to eat and drink This could include: • partial or full assistance with eating and drinking • plates, bowls and utensils that are adapted to support independence when eating • adaption of food as per speech pathologist recommendations.	
Any health issues I have that affect my eating and drinking For example, recommendations by a speech pathologist, such as texture modified food and thickened fluids or recommendations from a General Practitioner (GP) for other health issues.	
What cultural and/or religious traditions or customs do I observe?	



Contact details

For example, my dietitian, doctor/ GP/specialist, speech pathologist, occupational therapist or dentist.

For staff

Where is the person's weight and malnutrition screening recorded?*

You should record a person's weight monthly. Any changes or concerns with weight may need to be referred to a dietitian.

Malnutrition screening needs to be done using a validated tool.

Note, consider referral to a GP and dietitian if malnutrition screening tool reveals malnutrition or being at risk of malnutrition.

* List where details of the person's weight and malnutrition screening information are kept. Don't record the weight on this form.

The person receiving care can get support from workers, family, carers or health professionals to fill in this form, if they need it. Ask the person where they want you to place this preference form in their room.

If the person you're assisting to fill in this form has difficulty communicating, consider:

- using visual menus to assist the person choose their meal and drink preferences
- pay attention to the person's body language, gestures and facial expressions to understand their preferences.





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Write

Aged Care Quality and Safety Commission GPO Box 9819, in your capital city