



MEALTIME MANAGEMENT File Note

Name: _____

Date of birth: _____ Date: _____

Special Requirements and/or Conditions:

Eating Status

1. Type of food:

2. Positioning:

3. Assistance Required:

4. Equipment used:



MEALTIME MANAGEMENT File Note

Drinking Status

1. Types of drinks:

2. Positioning:

3. Assistance Required:

4. Equipment used:

Preferences

1. Likes:

2. Dislikes:
