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| **RESIDENT NAME:** | **DATE:** |
| **NOTE: Initial Visit with new resident to be completed within a week of admission** | |
| Initial dietary visit completed by: Completed with: Diagnosis relevant to nutritional status: Diet Type: Diet Texture: Fluid Consistency: Dietary Interventions / Supplements: Food Allergies / Intolerances: Level of eating assistance required: Assistive devices required: Appetite history and upon admission: Best meal of the day: Average daily fluid intake (mL/day): Food preferences entered on dietary database for point of service reference:  Any nutrition related concerns:  RD to follow up, assess level of nutrition risk and update nutrition plan of care. Dietary and Healthcare Staff to offer diet as ordered and provide assistance as required. Registered Staff to continue to monitor overall status and refer to Registered Dietitian as required. | |