

# FOOD PREFERENCE FORM - SOUTH CORR-DRRTP

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Room #: \_\_\_\_\_

Food ALLERGIES: \_\_\_\_\_

Do you avoid any foods for the following reasons? (please check all that apply to you)

Cultural Ethnic Religious

If so, which foods: \_\_\_\_\_

## Beverages

Coffee: Yes No

### Coffee replacement options:

Nothing  
Hot tea (black)  
Herbal tea  
Iced tea  
Diet dring (Crystal Light ®)

## Cereals

Hot cereal: Like Dislike

Cold cereal: Like Dislike

## Lactose intolerance

Are you lactose intolerant:

Yes No

Answer the following **ONLY** if  
you **ARE** lactose intolerant:

What items can you eat/drink without a problem?

Milk Cheese Yogurt  
Pudding Ice cream Custard

Can you eat food with milk cooked  
into them like muffins?

Yes No

Would you like a milk alternative?

Almond milk Soy Milk

## Food Preferences

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## Extra Items

### Extra servings of vegetables

Yes No

### Side salad OR Chef Salad

French Italian Ranch  
Thousand Island Cesar

### Fresh fruit on trays

Banana Orange  
Apple Pear

### Omelets at breakfast\*\*

Ham & cheese Cheese

*\*\*Please note the Chef salad will  
replace the entree for lunch or  
dinner, and the Omelet will replace  
the entrée for breakfast.*

## Condiments

Tabasco Picante Lemon juice  
Mrs. Dash Mayo Sugar sub  
Mustard Ketchup Honey

## Food Dislikes

Are there foods you  
**COMPLETELY** avoid?

- ☐ Fish  
☐ Pork products  
☐ Poultry products  
☐ Certain Vegetables  
☐ Other: \_\_\_\_\_

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Please contact the dietician Alyssa at ext. 3871 with any questions/concerns.