HEALTH TECHNOLOGIES, INC.
Consulting Dietitians, Menu Systems & Software

Diet Order Simplified Communication Form

Name: _____ **Room No.** _____

New Admit: _____ **Change In Diet:** _____ **Discharge:** _____

Referral to Registered Dietitian: _____

Available Diets

- ❑ Regular
- ❑ _____
- ❑ _____
- ❑ _____
- ❑ _____
- ❑ _____
- ❑ _____
- ❑ _____
- ❑ _____
- ❑ _____
- ❑ _____
- ❑ _____

Consistency

- ❑ Dental Soft (Mechanical Soft)
- ❑ Pureed
- ❑ _____
- ❑ _____
- ❑ _____

Thickened Liquids

❑ Nectar-like ❑ Honey-like ❑ Spoon-thick (pudding)

Other

❑ NPO ❑ Tube Feeding _____
(specify)

House Supplement:

Amount _____ Times Per Day _____

Food Allergies: _____

Comment/Request: _____

Signed: _____ **Date**: _____