



FOOD PREFERENCE

Resident's Name

Date of Birth

Portion Size Preferred:

☐

Small

☐

Regular

☐

Large

<i>Please check as appropriate</i>	<i>Likes</i>	<i>Dislikes</i>	<i>Comments</i>
Meat	<input type="checkbox"/>	<input type="checkbox"/>	
Fish / Seafoods	<input type="checkbox"/>	<input type="checkbox"/>	
Vegetable	<input type="checkbox"/>	<input type="checkbox"/>	
Fruits	<input type="checkbox"/>	<input type="checkbox"/>	
Juices	<input type="checkbox"/>	<input type="checkbox"/>	
Desserts	<input type="checkbox"/>	<input type="checkbox"/>	
Bread / Cereal	<input type="checkbox"/>	<input type="checkbox"/>	
Milk	<input type="checkbox"/>	<input type="checkbox"/>	
Coffee	<input type="checkbox"/>	<input type="checkbox"/>	
Tea	<input type="checkbox"/>	<input type="checkbox"/>	
Others	<input type="checkbox"/>	<input type="checkbox"/>	

Any comfort foods that resident will eat when not feeling well or appetite is poor: _____

Resident Signature

Date

Responsible Party Resident Signature

Manager's Signature (or Authorized)

Date