KP 1
Rev. 6/83

KINGS PARK PSYCHIATRIC CENTER
DIETARY PROFILE

Name_____ Cons. No._____

Building_____ Ward_____ Team/Unit_____

Admission Date_____ Birthdate_____

Sex_____ Frame Size: S M L Height_____ Ideal Weight Range_____

Diagnosis (Medical)_____

(Psychological)_____

Ability to communicate Yes____ No____

Language (if other than English)_____

Feeds Self Yes____ No____ With Supervision____

Dentition: Own Teeth Good Condition____

Poor Condition____

If At RISK While Eating, Place Sticker Here

Dentures Yes____ No____ Used while eating Yes____ No____

Chewing & Swallowing Ability: Good____ Acceptable____ Poor____

Food Allergies_____

History: (Dietary & Medical)_____

Other relevant factors affecting food intake (include ethnic, religious background, physical or psychological disabilities, availability of other food sources, attendance at programs, where meals are eaten, etc.)_____

Treatment Goals & Objectives (List with appropriate number or letter):

Individual Food Acceptance Study

(Based on patient's response and/or staff's observation)

	Preferences	Dislikes
Meats		
Casseroles		
Starches		
Vegetables/ Salads		
Fruits		
Desserts		
Beverages		

Does the patient find:

Meats acceptable? Yes____ No____

If No, why?_____

Portion sizes? Adequate____ Too large____ Too Small____

Meals attractively served? Yes____ No____

Variety of foods offered? Yes____ No____

Comments: