

# Food Allergies, Intolerances and Restrictions Record

*Adapt this sample form as required.*

Resident Name	Diet Ordered	Food Allergy and/or Intolerance	Food restrictions- such as religious or cultural considerations	Other preferences or comments
<i>For Example, John Doe</i>	<i>Diabetic, Easy to Chew</i>	<i>Egg Allergy</i>	<i>No pork</i>	<i>Dislikes apples</i>