**AFH Special or Modified Diet Training Record**

(To be completed upon implementation of special/modified diet & annually thereafter)

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

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| “Special Diets” means the specially prepared food or particular types of food specific to the medical condition or diagnosis of an individual and in-support of an evidence-based treatment regimen.“Modified Diet” means the texture or consistency of food or drink is altered or limited.**All Special or Modified Diets require the signed order of a physician / licensed medical professional. Please attach a copy of the signed order to this record.**For an individual with a modified or special diet, a provider must:* Have menus for the current week that provide food and beverages that consider the preferences of the individual and are appropriate to the individual's modified or special diet; and
* Maintain documentation that identifies how modified or special diets are prepared and served.
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|  | **Name of Special or Modified Diet**(Check All That Apply) | **Date(s) of Physician Order** |
|  | Low Calorie |  | No Raw Vegetables |  |
|  | High Fiber  |  | Thickened Fluids |  |
|  | Diabetic |  | Mechanical Soft |  |
|  | Low Salt |  | Finely Chopped |  |
|  | Lactose Free |  | Pureed |  |
|  | Low Fat |  | No Nuts |  |
|  | Bread Only Soaked in Liquid |  | All Foods Cut to Dime Sized |  |
|  | Other(s): |  |

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| **Caregiver Name** | **Caregiver Signature** | **Date** |
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