

DIETARY QUARTERLY PROGRESS NOTES

☐ Unable to communicate ☐ Current Weight: _____ lb
Weight Changes in ☐ 30 days ☐ 90 day ☐ 180 days _____ Lb. ☐ Lost or ☐ Gained: _____ lb
Current Diet Order: _____ Nourishment Order: _____
Percentage of Intake per ADL sheet: _____ Feeding Status: Self ♦ Prompt ♦ Assist ♦ Feed
☐ Ethnic, religious and cultural preferences addressed. ☐ Preferred Dining Location: _____
Finds meals appetizing Y — N ♦ Finds hot food is hot Y — N ♦ Finds cold food is cold Y — N
Satisfied with night snack Y — N ♦ Satisfied with alternates/substitutes Y — N ♦ Requested changes in food preferences: _____

Date: _____ DSS Signature: _____

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Date: _____ DSS Signature: _____

Room #	NAME:	PHYSICIAN:	HOSPITAL #
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SNF FORMS