



FOOD CHART

STATEWIDE

FACILITY: _____

PT ID									
SURNAME..... D.O.B.....									
OTHER NAMES.....									
ADDRESS.....									

Attach Patient Sticker Label

Date: DD / MM / YYYY Type of Diet: _____

Meal	Food (please circle specific items)	Amount consumed (circle)					Initial
Breakfast	Porridge / Cereal	0	¼	½	¾	All	
	Milk used on cereal (low fat / full cream)	0	¼	½	¾	All	
	<i>Please circle specific items</i>						
	Toast (white / wholemeal / multigrain / raisin toast)	0	½ slice	1 slice	1 ½ slice	2 slice	
	Margarine / butter	0	¼	½	¾	All	
	Fruit (fresh / stewed / dried)	0	¼	½	¾	All	
	Yoghurt (low fat, full fat) / Fruche / Custard	0	¼	½	¾	All	
	water / juice / tea / coffee / hot Milo / cold Milo / flavoured milk	0	¼	½	¾	All	
	Oral Supplement (please specify type)	0	¼	½	¾	All	
Other for example 'extras' (please specify)	0	¼	½	¾	All		
Morning Tea	Cake / slice / sweet biscuits / biscuits and cheese	0	¼	½	¾	All	
	Other (please specify)	0	¼	½	¾	All	
	water / juice / tea / coffee / hot Milo / cold Milo / flavoured milk	0	¼	½	¾	All	
	Oral Supplement (please specify type)	0	¼	½	¾	All	
Lunch	Soup (please specify type)	0	¼	½	¾	All	
	Sandwiches (white / wholemeal / multigrain)	0	¼	½	¾	All	
	<i>Please circle specific items</i>						
	MEAT + VEGETABLES or SALAD						
	Meat / chicken / fish / egg / vegetarian	0	¼	½	¾	All	
	Potato / rice / pasta	0	¼	½	¾	All	
	Other vegetables / side salad	0	¼	½	¾	All	
	MIXED DISH (for example lasagne, stir-fry, casserole, salad as main meal)	0	¼	½	¾	All	
	Other for example 'extras' (please specify)	0	¼	½	¾	All	
	Dessert (please specify)	0	¼	½	¾	All	
Afternoon Tea	Cake / slice / sweet biscuits / biscuits and cheese	0	¼	½	¾	All	
	Other (please specify)	0	¼	½	¾	All	
	water / juice / tea / coffee / hot Milo / cold Milo / flavoured milk	0	¼	½	¾	All	
	Oral Supplement (please specify type)	0	¼	½	¾	All	
Dinner	Soup (please specify type) clear / creamy	0	¼	½	¾	All	
	Sandwiches (white / wholemeal / multigrain)	0	¼	½	¾	All	
	<i>Please circle specific items</i>						
	MEAT + VEGETABLES or SALAD						
	Meat / chicken / fish / egg / vegetarian	0	¼	½	¾	All	
	Potato / rice / pasta	0	¼	½	¾	All	
	Other vegetables / side salad	0	¼	½	¾	All	
	MIXED DISH (for example lasagne, stir-fry, casserole, salad as main meal)	0	¼	½	¾	All	
	Other for example 'extras' (please specify)	0	¼	½	¾	All	
	Dessert (please specify)	0	¼	½	¾	All	
Supper	Cake / slice / sweet biscuits / biscuits and cheese	0	¼	½	¾	All	
	Other (please specify)	0	¼	½	¾	All	
	water / juice / tea / coffee / hot Milo / cold Milo / flavoured milk	0	¼	½	¾	All	
	Oral Supplement (please specify type)	0	¼	½	¾	All	
Overnight	(please specify)	0	¼	½	¾	All	

Nutrition and Dietetic staff thank you for completing this Food Chart

Sample Initial	Print Name	Signature	Designation	Date
				DD / MM / YYYY
				DD / MM / YYYY
				DD / MM / YYYY
				DD / MM / YYYY



FT193100