| Date: | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Participant Details: | | | | | | |
| Name: |  | | | | | |
| DOB: |  | | | **Gender:** | |  |
| Address: |  | | | **State:** | |  |
| Email Address: |  | | | **Phone:** | |  |
| Preferred Contact Person: |  | | | | | |
| Degree of dependency to provider  ☐ Low-Generally independent  ☐ Med-Requires some assistance or supervision  ☐ High-Requires constant supervision  Note: The degree of dependency has to be evaluated by a qualified person and in consultation with the participants or their rep. | | | | | | |
| Emergency response procedure: | | | | | | |
| Type of Meal (Breakfast, Lunch, dinner) | **Type Food and Drinks** | **IDDSI Level** | **Amount consumed** | **Date/Time** | **Assisted by** | |
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