MEAL PREFERENCES WORKSHEET

TO BE COMPLETED AND MAINTAINED

BY THE CLIENT/FAMILY/ADVOCATE

☐ CAREGiver to prepare meals as follows: ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Snacks

Please list foods the client DOES NOT LIKE:

_____

_____

_____

_____

What times does the client eat breakfast? _____ **Lunch?** _____ **Dinner?** _____

Are there special meal time routines/instructions? _____

_____

_____

_____

_____

In the following spaces please list menu items you prefer. You can list favorite foods for each meal setting as well as recipes that you enjoy. If you require additional pages, they can be downloaded from our website at www.homeinstead.com/283/CAREGIVERPORTAL

SNACK IDEAS

_____

_____

_____

_____

_____

_____

_____

_____

BREAKFAST IDEAS

LUNCH IDEAS

DINNER IDEAS

FAVORITE RECIPES

FAVORITE RECIPES