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:

___________________________________________________________________________________________
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What times does the client eat breakfast? __________ Lunch? _________ Dinner? __________

Are there special meal time routines/instructions?
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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
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