

SPECIAL DIETARY NEEDS PHYSICIAN'S MEDICAL STATEMENT

Name _____ Date of Birth _____

Circle the correct response. Does this patient have a disability that affects her/his diet? Yes or No

Circle the correct response. Did you refer this patient to a dietitian for diet consultation? Yes or No

If yes, please indicate the consulting dietitian _____

Diagnosis or Medical Condition _____

PLEASE MARK ALL AREAS BELOW THAT APPLY, SIGN AND DATE.

DIET RESTRICTIONS							
Caloric Requirements for Diabetes	1200	1500	1800	2000	2200	Other	_____
Caloric Requirements for Weight Gain	1500	1800	2000	2200	_____	Other	_____
Caloric Requirements for Weight Loss	1200	1500	1800	2000	_____	Other	_____
Sodium Restriction	NAS	250	500	1000	1500	2000	Other _____
Fat Restriction and/or Cholesterol Restriction _____							
Other Restrictions _____							

FOOD ALLERGIES	Substitutions
Food(s) Patient Can Not Have	
_____	_____
_____	_____
_____	_____

TEXTURE CONSISTENCIES	
<u>Solids</u>	<u>Liquids</u>
Regular Chopped _____	Regular _____
Mechanical Soft with ground meat _____	Nectar/Syrup _____
Mechanical Soft with chopped meat _____	Honey _____
	Pudding _____

NUTRITIONAL SUPPLEMENTS TO BE PROVIDED AT SCHOOL OR SITE
Oral Feedings _____

Section 504 of the Rehabilitation Act of 1973 assures disabled individuals access to meals. If an individual has a disabling condition that limits one or more major life activities and requires a special diet, a physician's statement is required. Schools or sites may not provide substitutions for non-disabled individuals who are unable to consume the regular meal because of medical or other special dietary needs. A statement from a recognized medical authority, e.g., a medical doctor (MD), doctor of osteopathic medicine (DO), registered nurse (RN), physician's assistant (PA), nurse practitioner (RNC) or registered dietitian (RD), is required.