



## Special Dietary Needs – Individuals<sup>©</sup>

Almost everyone has Special Dietary Needs (SDNs) of one kind or another. For example, SDNs might be foods you include or you avoid due to a special diet or food allergies or intolerances. Other SDNs may be related to the food environment; for example, if you use adapted equipment to eat or you want foods served a special way.

If there are other people involved in your food routine – perhaps someone who helps you plan, cook, or shop for food – it is important to share your SDNs with them. It will help them. Complete this SDN form following the instructions below, then share it with your team!

### Instructions for Completing Your SDN Form

1. Download and save a copy of the SDN Sheet. Once it is filled out, save it on your computer. SDNs can change, so be aware that you'll need to revise your SDN form as needed.
2. Include your name and date at the top of the form.
3. Check the box next to all SDNs that apply to you. Include details about your SDNs in the space provided.
4. Add images to your SDN form if helpful. For instance, include images of dishes you want team members to use, how you want your food to look on the plate, or where things are located in the kitchen.
5. Share your SDN form with your team and print and keep the completed form in a convenient place. No one should be planning, preparing, or serving food for you without knowing what this sheet contains!



## My Special Dietary Needs

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### **Medically prescribed diet or specific foods required in diet.**

*Are you on a special diet for diabetes, pre-diabetes, cholesterol, or other medical condition? Briefly describe and refer to where specific instructions for this diet are kept. Are foods or food components (like fat, sodium, or alcohol) restricted on this diet?*

### **Difficulty chewing and/or swallowing.**

*Do you have a general dysphagia (for example: difficulty with chewing, swallowing, and choking) or dental problems requiring mechanical alteration (blended, etc.) of the foods served? Describe that here.*

### **Food allergies or intolerances.**

*List specific foods for which you have a diagnosed food allergy or intolerance. Remove these foods from the household if possible.*

### **Medications or supplements required at meal times.**

*Some medications must be taken, or must not be taken, with meals or a particular food. List those here, and where these medications/supplements are located.*

### **Other foods I am unable to eat.**

*These are foods that present a choking hazard, that interact with medications you take, or cause digestive problems for you, etc.*



**Food aversions or dislikes.**

*List as fully as possible foods you really don't like, if any. They might be an individual food (e.g., tomatoes) or a group of foods (e.g., slippery foods).*

**Assistance required feeding**

*Write details of when and how direct assistance is required for you to eat successfully. Is specific training is required before a personal assistant can aid at meal time?*

**Adapted utensils, dishes or other equipment.**

*If adapted equipment or tools are helpful or required for your meals, list those here and indicate where they are located.*

**Meals prepared or presented a special way.**

*Are there ways that you prefer or require that your food is prepared or presented? Are there foods that you always or almost always want with meals (e.g., ketchup)? List those here.*

**Limitations on second helpings.**

*Are you on a specific diet that requires you to limit specific foods or portion sizes? Describe that here.*

**Other special dietary needs.**

*Do you have other special dietary needs that would make meal time more successful if your team knew about them? List them here.*



## My Special Dietary Needs Images

Use the space below to include images that might be helpful to your team. For instance, you might include images of dishes you want team members to use, how you want your food to look on the plate, or where things are located in the kitchen.