

OREGON DEPARTMENT OF CORRECTIONS – DIET ORDER FORM

| | | |
|-------------------------|---------------------------|-------------------|
| (Last Name, First Name) | (DOB) | (Start Date) |
| (SID#) | Unit/Bunk – if delivered) | (Expiration Date) |

New Diet Order Yes No Changes to Existing Order Yes No
 If yes, previous start date and diet code: _____

Check Desired Diet and Email/Fax form to Food Services. Please enter diet code in DOC400 Health

Are there previous diet orders that need to remain in effect? Yes No
 If yes, diet code and start date: _____

Status. Retain diet order form under special needs tab until diet is expired or discontinued.

| <u>Diet</u> | <u>Code</u> | <u>Description</u> |
|--|---------------|--|
| <input type="checkbox"/> Clear Liquid | CL LIQ | Gelatin, broth, fruit drink, juice, coffee, water. |
| <input type="checkbox"/> Full Liquid | LIQ | All items in clear liquid + pudding, milk, ice cream, cream soup, hot cereal thinned |
| <input type="checkbox"/> Pureed | PUREE | All foods are smooth, moist. Example: blenderized, strained can be swallowed with minimal or no chewing |
| <input type="checkbox"/> Mechanical/ Dental Soft | SOFT | Foods that are soft, cut, chopped, and/or ground to minimize chewing |
| <input type="checkbox"/> Low Residue | RESID | Restricts fiber and indigestible content of foods |
| <input type="checkbox"/> Gluten Free | GLUTEN | Eliminates all food prepared with wheat, rye, barley and oats |
| <input type="checkbox"/> Renal | RENAL | Protein, Sodium and Potassium controlled |
| <input type="checkbox"/> Diabetic/Calorie Controlled | | Where special tray is needed (i.e. Special Housing, tray system) |
| | | <input type="checkbox"/> Regular tray with diabetic condiments (cond) <input type="checkbox"/> 1200ADA (cond12) <input type="checkbox"/> 1500ADA (cond15) <input type="checkbox"/> 1800ADA (cond18) <input type="checkbox"/> 2000ADA (cond20) <input type="checkbox"/> 2200ADA (cond22) <input type="checkbox"/> 2400ADA (cond24) <input type="checkbox"/> 2800ADA (cond28) |
| <input type="checkbox"/> Other | | _____ |

(approved diet by medical director/or dietitian)

Snacks

Sandwich and fruit unless otherwise indicated below

| | |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> HS | Served at Dinner (SND) _____ |
| <input type="checkbox"/> PM | Served at Lunch (SNKL) _____ |
| <input type="checkbox"/> AM | Served at Breakfast (SNKB) _____ |
| <input type="checkbox"/> AM/PM/HS | Served at all meals (SNKBLD) _____ |

| | | | |
|---------------------------|--------------|---------|--------|
| (Medical Staff Signature) | (Print Name) | (Title) | (Date) |
|---------------------------|--------------|---------|--------|