TEMPLATE K

Diet Order Record (From My Parent's Clinician)

Use with Chapter 11. One sheet per order. Copy the order exactly as written by the doctor, registered dietitian nutritionist, or speech-language pathologist. Post a copy where food is made, and give one to everyone who cooks or orders meals.

Item	Details
Name of the diet, in the clinician's words	
Exact instructions, as written	
Ordered by (name, role, phone)	
Date of the order	
Where the written copy is kept	
Start date; end or review date (if given)	
Who else needs a copy (cooks, meal service, siblings)	
What to do if a question comes up (who to call)	
Allergies the clinician listed	

Copy checked against the original by: _____ On: _____