**Resident’s name...................................................................... Date started recording \_\_\_/\_\_\_/\_\_\_**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Time of Day** | **Describe how the food is fortified, or what snack and/or drink is given** | | | | | | |
| **Week 1 Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** | **Sun** |
| Breakfast |  |  |  |  |  |  |  |
| Mid morning |  |  |  |  |  |  |  |
| Lunch |  |  |  |  |  |  |  |
| Mid afternoon |  |  |  |  |  |  |  |
| Dinner |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |
| **Time of Day** | **Describe how the food is fortified, or what snack and/or drink is given** | | | | | | |
| **Week 2 Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** | **Sun** |
| Breakfast |  |  |  |  |  |  |  |
| Mid morning |  |  |  |  |  |  |  |
| Lunch |  |  |  |  |  |  |  |
| Mid afternoon |  |  |  |  |  |  |  |
| Dinner |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Time of Day** | **Describe how the food is fortified, or what snack and/or drink is given** | | | | | | |
| **Week 3 Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** | **Sun** |
| Breakfast |  |  |  |  |  |  |  |
| Mid morning |  |  |  |  |  |  |  |
| Lunch |  |  |  |  |  |  |  |
| Mid afternoon |  |  |  |  |  |  |  |
| Dinner |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |
| **Time of Day** | **Describe how the food is fortified, or what snack and/or drink is given** | | | | | | |
| **Week 4 Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** | **Sun** |
| Breakfast |  |  |  |  |  |  |  |
| Mid morning |  |  |  |  |  |  |  |
| Lunch |  |  |  |  |  |  |  |
| Mid afternoon |  |  |  |  |  |  |  |
| Dinner |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |

Please send this record along with the Dietetics Care Home Referral Form to the dietitians