

Resident Dietary Card

(R.D.C)

Resident Name: _____

(Circle one)

-Diet type: Regular / Diabetic / Cardiac / Mechanical Soft / Clear liquid

Cholesterol Restricted / Low Sodium / Gi Soft / Celiac / Other: _____

-Food allergies: _____

-Favorite foods: _____

-Food dislikes: _____

-Family favorite recipe: _____

-Notes _____
