

**The Maryland School for the Blind**  
**DIET ORDER FORM**  
**Health Center - School Year 2011-2012**

**STUDENT NAME:** \_\_\_\_\_

**Please indicate the recommended diet texture for the student listed above:**

- \_\_\_\_ N.P.O. (no food by mouth)
- \_\_\_\_ Pureed
- \_\_\_\_ Ground
- \_\_\_\_ Soft Foods (foods easily mashed with a fork)
- \_\_\_\_ Regular Diet (food will be cut into small pieces if appropriate for age or developmental level)
- \_\_\_\_ Other: \_\_\_\_\_

If determined by the Speech/Language Pathologist that the student is ready to participate in a controlled munching program using crunchy/chewy foods, can the student participate?

\_\_\_\_ Yes      \_\_\_\_ No

**Please indicate the recommendations for liquids:**

- \_\_\_\_ No liquids by mouth
- \_\_\_\_ Thickened Liquids Only (indicate consistency below)
  - \_\_\_\_ Nectar Consistency      \_\_\_\_ Honey Consistency
  - \_\_\_\_ Products like "Thick-It" can be used to achieve consistency indicated above
- \_\_\_\_ All Liquids (no restrictions on liquids)
- \_\_\_\_ Other: \_\_\_\_\_

**Please indicate any other restrictions regarding oral feeding:**

- \_\_\_\_ Food Allergies: \_\_\_\_\_
- \_\_\_\_ Diet Restrictions: \_\_\_\_\_
- \_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date