The Maryland School for the Blind

M. D.

***SPECIAL***

DIET ORDER FORM

Health Center - School Year 2017-2018

**Student Name:**  **Date of Birth**: 

**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

CD/LB/cic:2/24/17