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