

My Meals My Way

This form has been developed to help you to express your preferences and choices in all aspects of support and management of your mealtimes.

Life Without Barriers (LWB) aims to provide safe, positive and enjoyable eating environments and mealtimes for all of the people we support.

Name:		CIRTS ID:	
Date Completed:			
Who helped me fill in this profile?			

Allergies	
I am allergic to these foods:	
My doctor has prescribed medications for my food allergies, e.g. an EPI-Pen:	Yes <input type="checkbox"/> No <input type="checkbox"/>
My prescribed medications for my food allergies are:	
Food intolerances	
Foods I am intolerant to (for example, lactose intolerance):	
I have medications or special foods or drinks to assist with my food intolerances:	Yes <input type="checkbox"/> No <input type="checkbox"/>
My medications are:	

My special foods or drinks are:		
Mealtime support		
I have a medical condition that requires mealtime support:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have dysphagia or swallowing difficulties:	Yes <input type="checkbox"/>	No <input type="checkbox"/> If YES , a Mealtime Management Plan is required
I have completed a Nutrition and Swallowing Checklist:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details of my Nutrition and Swallowing Checklist are:		
Date last completed:		
Are there any actions or further assessments required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If Yes , please provide details:	
I use aids or equipment to assist with eating or drinking (for example, modified forks or spoons):	Yes <input type="checkbox"/>	No <input type="checkbox"/> If YES , a Mealtime Management Plan is required
I have Diabetes:	Yes <input type="checkbox"/>	No <input type="checkbox"/> If YES , a Diabetes Management Plan is required
I need to eat special foods or I have a special diet to keep me safe and healthy:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If Yes , please provide details:	

My eating and drinking style: <i>(ethical reasons for eating, traditions, celebrations or cultural customs)</i>				
I have mealtime requirements for ethical reasons, cultural customs and traditions:		Yes <input type="checkbox"/> No <input type="checkbox"/> If YES , please complete the following questions If NO , please go to the Likes and Dislikes section on the next page		
Special customs and traditions I follow when I eat and drink are:				
General healthy eating <input type="checkbox"/>	Vegetarian <input type="checkbox"/>	Vegan <input type="checkbox"/>	Halal <input type="checkbox"/>	Kosher / Jewish <input type="checkbox"/>
Other <input type="checkbox"/>	If following a special diet for medical reasons, please provide details:			
My personal mealtime customs, preferences and habits are:				
My traditions, customs and requirements with my food are:				
Events and celebrations that are important to me are:				
Traditional Aboriginal and Torres Strait foods I eat are:				
Foods that I will not or cannot eat are:				

What I like		What I do not like	
List of foods I like:		List of foods I do not like:	
List of drinks I like:		List of drinks I do not like:	
List of snack foods I like:		List of snack foods I do not like:	
Food experiences			
My favourite tastes are (for example, sweetness, sourness, saltiness, bitterness):			
My favourite vegetables and salads are:			
My favourite meats or fish are:			
I like vegetarian meals:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
I like spicy foods or curry:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
My favourite dessert is:			
My favourite cereal is:			

Food that I used to like and wish I could have again:	
New meals / food / drinks I would like to try:	
Do I like a lot of variety, or do I have some meals that I like to have regularly?	
My favourite takeaway food is:	
How and when do I like to try new foods or tastes?	
What support and encouragement do I need to try new tastes?	
What support and encouragement do I need to explore healthy mealtime choices?	
Meals and Drinks	
I like my meals:	I like my drinks prepared (e.g. weak cordial with ice in my red cup):
I like my meals served (e.g. with sauce or gravy, foods not touching each other)	I like my drinks served (e.g. in a cup – just warm)

Recipes and Cookbooks			
The favourite recipes I like to use, or cookbooks I want to share are:			
I like to follow a recipe when a meal is being prepared:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Equipment I like to use when eating and drinking			
Item	How I use the item		
Cutlery:			
Plate / bowl:			
Cup / glass:			
Clothes protector:			
Other:	Please provide details:		
I have a specific chair I use:	Yes <input type="checkbox"/>		No <input type="checkbox"/>
	If Yes , please provide details:		
How to assist me			
I can do these on my own:			

I need support with:			
I need you to:			
Sit/stand beside me <input type="checkbox"/>	On my left side <input type="checkbox"/>	On my right side <input type="checkbox"/>	Sit / stand facing me <input type="checkbox"/>
How I prefer to socialise with others at mealtimes is:			
Other assistance I may require			
Supervision I need to keep me and others safe			
I require supervision while eating and drinking:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		If Yes , please provide details:	
I will try to grab food and drinks from other people:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		If Yes , please provide details:	
I will try to give my food and drinks to other people:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		If Yes , please provide details:	
How I will show you when			
I am hungry or thirsty:			
I am full and have eaten enough:			

I would like more food or drink:	
My food is too hot or too cold:	
I do not like my food or drink:	
I like my food or drink:	
I am not comfortable in the space or setting, or with the people around me:	
I need someone to help me:	
How I usually act before, during and after mealtimes <i>(for example, how I will show my excitement, anticipation, alertness, annoyance, and agitation)</i>	
Before meals:	
During meals:	
After meals:	
What time I like to eat my	
Breakfast	Snacks
Lunch	Drinks

Dinner		Other	
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What things help to make my mealtimes enjoyable?	
Where I like to sit for meals is: <i>(for example, dinner table, certain spot at the table, outside for lunch when possible)</i>	
The people I like to sit with are:	
Social contact while eating:	
The type of lighting I like is:	
Do I like music playing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes , please provide details:
Do I like it to be quiet or noisy?	Quiet <input type="checkbox"/> Noisy <input type="checkbox"/>
Furniture layout:	
Table setting:	
Specific support and encouragement:	
What other things:	

Taking part in food preparation at home and shopping for food		
I like growing herbs and vegetables to use in my cooking:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I like to help with meal preparation:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I like to go shopping for groceries:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
My favourite grocery store to go shopping in is:		
I like to plan my weekly menu:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I like to make a grocery list:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I like to do the shopping:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I like to unpack the shopping:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I like to organise things in the pantry / cupboard:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I like to prepare and cook my meals:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I like to set the table:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I like to clear the table:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I like to wash up / pack the dishwasher:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I like to wipe the benchtops:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I like to sweep / vacuum the dining area floors:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Eating Out	
My favourite food when eating out is:	
My favourite place to eat out is:	
The places I don't like to go when I eat out are:	
I need help from support workers to plan to eat out:	Yes <input type="checkbox"/> No <input type="checkbox"/>
When I eat out, I need to take these aids / equipment:	
The support I need to get to where I am eating out is:	
The help I need to order my meals / drinks is:	
The help I need to pay for my meal is:	