

## 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.

This form is designed to assist you in sharing what you like and want when it comes to your decisions and support about your meals.

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

Life Without Barriers (LWB) wants to make sure that everyone we support has a safe, good, and enjoyable time when eating.

<b>Name:</b>		<b>CIRTS ID:</b>	
<b>Date Completed:</b>			
<b>Who helped me fill in this profile?</b>			
<b>Mealtime support</b>			
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 <b>YES</b> , 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 <b>Yes</b> , 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 <b>YES</b> , a Mealtime Management Plan is required	

I have Diabetes:	Yes <input type="checkbox"/> No <input type="checkbox"/> If <b>YES</b> , 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 <b>Yes</b> , please provide details:			
<b>My eating and drinking style:</b> <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 <b>YES</b> , please complete the following questions  If <b>NO</b> , 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:	
What I like when eating out is:		What I don't like when eating out?	
<b>Meals and Drinks</b>			
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)	
<b>Equipment I like to use when eating and drinking</b>			
Item	How I use the item		
Cutlery:			
Plate / bowl:			
Cup / glass:			
Clothes protector:			
Other:	Please provide details:		

I have a specific chair or table I use:	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
	If <b>Yes</b> , please provide details:			
When I eat out, I need to take these aids / equipment:				
<b>How to assist me</b>				
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				
<b>Support I need to keep myself and others safe.</b>				
I require support while eating and drinking:	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
	If <b>Yes</b> , please provide details:			
I will try to grab food and drinks from other people:	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
	If <b>Yes</b> , please provide details:			
	Yes <input type="checkbox"/>		No <input type="checkbox"/>	

I will try to give my food and drinks to other people:		If <b>Yes</b> , please provide details:	
<b>How I will show you when</b>			
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:			
<b>What time do I like to eat my</b>			
Breakfast		Snacks	
Lunch		Drinks	
Dinner		Other	

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:	
I like music playing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If <b>Yes</b> , please provide details:
I like it to be quiet or noisy?	Quiet <input type="checkbox"/> Noisy <input type="checkbox"/>
Furniture layout:	
Table setting:	
What other things:	