

The Pines

Food Preference Questionnaire

Resident Name: _____

Completed By: _____ **Date:** _____

This form is to be filled out upon admission by the resident or the resident's family.

Food Allergies: _____

Foods I really enjoy: _____

Foods I really dislike: _____

Foods that seem to disagree with me: _____

Signature: _____ **Date:** _____