

# Pine Meadows Ranch

## 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: \_\_\_\_\_

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Foods I really enjoy: \_\_\_\_\_

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Foods I really dislike: \_\_\_\_\_

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Foods that seem to disagree with me: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_