



**DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES
MEDICAL DIET REFERRAL FORM**

NAME: _____ DOC#: _____ BIRTHDATE: _____ DATE: _____

HEIGHT: _____ WEIGHT: _____ START DATE: _____ STOP DATE: _____

MEDICAL DIET: NEW RENEWAL CHANGE CANCEL

DIETS:

- | | | | |
|-----------------------------|------------------------|------------------------------|--|
| 1. <input type="checkbox"/> | CLEAR LIQUID | 9. <input type="checkbox"/> | HOUSE DIABETIC (NCS) |
| 2. <input type="checkbox"/> | FULL LIQUID | 10. <input type="checkbox"/> | PRE-DIALYSIS RENAL (60 grams Protein) |
| 3. <input type="checkbox"/> | PUREED | 11. <input type="checkbox"/> | DIALYSIS RENAL DIET (90 grams Protein) |
| 4. <input type="checkbox"/> | MECHANICAL SOFT | 12. <input type="checkbox"/> | HIGH CALORIE |
| 5. <input type="checkbox"/> | CARDIOVASCULAR | 13. <input type="checkbox"/> | PREGANCY |
| 6. <input type="checkbox"/> | 1500 CALORIES DIABETIC | 14. <input type="checkbox"/> | GLUTEN-FREE DIET (Celiac disease only) |
| 7. <input type="checkbox"/> | 1800 CALORIES DIABETIC | 15. <input type="checkbox"/> | OTHER – (Not for food preferences)
Ordered only with dietary consultation. |
| 8. <input type="checkbox"/> | 2400 CALORIES DIABETIC | | |

Is the incarcerated individual Insulin dependent?

YES: NO:

Lacto-Ovo Vegetarian or Religious diets can be requested through the institutional sign-up process.

DATE

Signature of Ordering Health Care Provider