



**MEALS 4 ALL**  
VI  
U.S. VIRGIN ISLANDS

# Dietary Preference Form

## Client Information

**First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last:** \_\_\_\_\_

## Dietary Requirements

**Please check all that apply:**

- |   |  |
|---|--|
| <input type="checkbox"/> No special dietary needs | <input type="checkbox"/> Soft foods            |
| <input type="checkbox"/> Vegetarian               | <input type="checkbox"/> Pureed meals          |
| <input type="checkbox"/> Chopped meals            | <input type="checkbox"/> Low-potassium (Low K) |
| <input type="checkbox"/> Other: _____             |  |

## Food Preferences

**Foods you enjoy (optional):** \_\_\_\_\_

## Foods to Avoid

**Please list any foods you prefer not to receive:** \_\_\_\_\_

## Allergies or Sensitivities (if any)

*(Please list clearly. If none, write "None.")*

\_\_\_\_\_

## Additional Notes

\_\_\_\_\_

## Important Notice

Meals are prepared based on the information provided. While we make every effort to accommodate dietary needs and preferences, Meals 4 All VI does not provide medical or nutritional advice.

## Client Acknowledgment

I confirm that the dietary information provided above is accurate to the best of my knowledge.

**Client / Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

COMPLETE & RETURN THIS FORM TO ENROLL OR UPDATE YOUR DIETARY PREFERENCE  
ONE FORM PER CLIENT