



**Delaware Health and Social Services
Division of Developmental Disabilities Services
Community Services**

Healthcare Provider's Diet Order

The IDDSI Framework provides a common terminology to describe food textures and drink thickness. IDDSI tests are intended to confirm the flow or textural characteristics of a particular product at the time of testing. Testing should be done on foods and drinks under the intended serving conditions (especially temperature). The clinician has the responsibility to make recommendations for foods or drinks for a particular person based on their comprehensive clinical assessment.

Name: _____ MCI#: _____ Date of Birth: _____

Nutrition Therapy Diet (Choose all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Regular | <input type="checkbox"/> High Fiber |
| <input type="checkbox"/> Low Fat | <input type="checkbox"/> Low Fiber |
| <input type="checkbox"/> Low Carb | <input type="checkbox"/> Calorie Count: _____ |
| <input type="checkbox"/> Low Cholesterol | <input type="checkbox"/> Other Instructions: _____ |
| <input type="checkbox"/> Low Sodium | _____ |

Food Texture (Choose one)	Liquid Consistency (Choose one)
<input type="checkbox"/> IDD7 Regular	<input type="checkbox"/> IDD0 Thin
<input type="checkbox"/> IDD6 Soft and Bite Sized	<input type="checkbox"/> IDD1 Slightly Thick
<input type="checkbox"/> IDD5 Minced and Moist	<input type="checkbox"/> IDD2 Mildly Thick
<input type="checkbox"/> IDD4 Pureed	<input type="checkbox"/> IDD3 Moderately Thick
<input type="checkbox"/> IDD3 Liquidized	<input type="checkbox"/> IDD4 Extremely Thick

Food Allergies (List all Allergies)

_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional Recommendations:

This diet supersedes all previous diet orders (Boxes not checked defaults to Regular Diet/Thin Liquids).

Healthcare Provider's Signature

Date

Diet orders expire 1 (one) year from the Healthcare Provider's order date.