# MEALS ON WHEELS CLIENT RECORD

**CLIENT'S NAME:** _____

**ADDRESS:** _____

**POSTAL CODE:** _____

**PAYMENT METHOD:** _____

**INVOICE:** _____ **LTC:** _____ **DVA:** _____

**CO-PAY (if any): $**_____

**DVA FILE #:** _____

**SERVING DAYS:** _____

**HOT MEALS:** _____

**x/WK:** _____

**FROZEN MEALS:** _____

**# FROZEN: PER WEEK:** _____

**BI-WEEKLY:** _____

**MONTHLY:** _____

**DIETARY SPECIFICS:** _____

**FOOD ALLERGIES:** _____

**DIET: REGULAR:** _____ **DIABETIC:** _____

**LOW SODIUM:** _____ **LOW CALORIE:** _____

**LOW FAT:** _____ **GLUTEN FREE:** _____

**SPECIAL DIET:** _____ **RENAL:** _____

**MINCED:** _____ **PUREED:** _____

**FAMILY DOCTOR: _____**

**ROUTE: _____**

**TELEPHONE: _____ _____**

**DATE OF BIRTH: _____ / _____ / _____**

**year month day**

**CONTACT PERSON: _____**

**CONTACT NUMBER: _____ _____**

**REFERRANT: _____**

**DATE: _____**

**SERVICE START DATE: _____**

**MEDICAL/SPECIAL CONDITIONS LIST BELOW:**

**SLOW TO DOOR? Yes _____ No_____**

**CANE/WALKER: _____**

**VISUAL/HEARING: _____**

**DO YOU HAVE A DOG? Yes_____ No_____**

**LIVES ALONE? Yes_____ No _____**

***NOTES/SPECIAL INSTRUCTIONS:***

**If Billing Information is different from Client Information, please provide below:**

_____

_____

_____