	Stop	
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Diagnosis:	DIET (Special Instructions, e.g. Texture, Bite Size, Position, etc.)	Comments
Allergies:	Physician Name Phone Number	A. Put initials in appropriate box when medication is given. B. Circle initials when not given. C. State reason for refusal / omission on back of form. D. PRN Medications: Reason given and results must be noted on back of form. E. Legend: *S* = School; *H* = Home visit; *W* = Work; *P* = Program.

NAME:	Record #	Date of Birth:	Sex: