



OFFICE FOR THE AGING

Steven M. Neuhaus
County Executive

AnnMarie Maglione
Director

Date _____

Dear Doctor _____:

RE: Client's Name _____ **Date of Birth** _____

This is to inform you that your patient participates in the Orange County Senior Dining Program, which provides a meal that meets one-third of the Recommended Dietary Allowance (RDA). A diet prescription, inclusive of any food allergies, must be ordered to provide one of the available diets below.

***PLEASE NOTE THAT OUR PROGRAM DOES NOT MODIFY MEALS FOR COUMADIN/WARFARIN FOOD AND MEDICATION INTERACTIONS. IF THIS PATIENT TAKES THESE MEDICATIONS, OUR REGISTERED DIETITIAN WILL REVIEW THE RECOMMENDATIONS OF THE DRUG MANUFACTURER WITH YOUR PATIENT (TO BE CONSISTENT WITH VITAMIN K INTAKE AND TO AVOID CRANBERRY PRODUCTS). PLEASE NOTE BELOW THAT THIS PATIENT IS TAKING COUMADIN OR WARFARIN AND THAT YOU WOULD LIKE NUTRITION COUNSELING FOR THIS INTERACTION FOR YOUR PATIENT.** A COPY OF OUR INTERACTION HANDOUT IS AVAILABLE FOR YOUR REVIEW BY CALLING OUR OFFICE AT 845-615-3730.

****Please ✓ in the space provided.**** This information is retained in our records. If this patient develops other medical conditions that would necessitate a change in their dietary prescriptions, please contact our office.

REGULAR DIET: Averages 600-800 calories, 600-2000 mg sodium, 25-30 grams of fat, 100 - 300 mg of cholesterol per meal. The meal is prepared without added salt, there are no fried foods, and 2% milk is provided.

THERAPEUTIC DIETS:

- LOW SODIUM:** 600-900 mg sodium per meal.
- DIABETIC:** "No Concentrated Sweets" for Diabetics and Weight Control. **Carbohydrates provided to meet 30% of the RDA may require individual adjustment for glucose control.**
- DIABETIC LOW SODIUM:** No Concentrated Sweets for Diabetics and Weight Control, 600-900 mg sodium per meal. **Carbohydrates provided to meet 30% of the RDA may require individual adjustment for glucose control.**

****OTHER THERAPEUTIC DIET:** PLEASE SPECIFY LEVELS OF POTASSIUM, PROTEIN, SODIUM, PHOSPHORUS ETC. CARBOHYDRATES, ETC.

IF REQUIRED: _____

*******NUTRITION COUNSELING IS RECOMMENDED ON THE ABOVE THERAPEUTIC DIETS*******

FOOD ALLERGIES: NONE DAIRY FISH/SHELLFISH PEANUTS/NUTS LACTOSE
 TOMATO/CITRUS WHEAT/GLUTEN OTHER _____

CONSISTENCY OF FOOD: WHOLE MEAT CUT-UP MEAT GROUND MEAT

****NUTRITIONAL COUNSELING:** Yes, this patient WOULD benefit from nutrition counseling.

Doctors Please Complete: The above diet prescription is a recommendation based on the following information:
Medications:

Diagnosis/Medical History:

*****PHYSICIAN'S SIGNATURE** _____ **DATE:** _____

Please forward this diet RX and FAX to: 845-346-1190 Thank you.

SITE:

ROUTE:

CONGREGATE: