Mealtime Management Plan

1. Personal details

First name		**Middle name/s**	
Last name		**Date of birth (DD/MM/YYYY)**	
Place of birth		**NDIS Participant Number**	
Previous names used (if applicable)		**NDIS Plan Type** (NDIA, PACE, Planned, Self-Managed)	

2. Participant contact details

Phone number	
Email	
Address	
Preferred method of contact	
Coordinator Details	
Planner Details (if applicable)	
Health Practitioners responsible for Mealtime Plan (e.g. speech pathologists, dietitian)	

3. Emergency contact details

Emergency contact name			
Contact Number		**Relation to participant**	
Address			

4. Participant preferences

Food preferences (including religious and cultural preferences)

Environmental preferences

Meal timing and frequency preferences

Other preferences (e.g. participation in food shopping and preparation)

5. Health information

Health status (e.g. existing health conditions such as Dysphasia- difficulty swallowing, anaphylaxis and other food allergies, obesity, underweight). Please include current weight.

Medication

Allergies

Oral health needs

6. Mealtime requirements

Swallowing requirements (including food texture: slightly thick, mildly thick, moderately thick, extremely thick, based on the IDDSI - International Dysphagia Diet Standardisation Initiative.)

Nutritional requirements

Seating position requirements

Environmental requirements

Mealtime timing and frequency requirements

Assistive technology requirements (e.g. spoons, plates, cups)

Fluid Intake requirements (including manner of fluid consumption and beverage preferences)

Other requirements (e.g. eating speed, food quantity, communication, supervision and assistance techniques)

7. Menu planning template

Meal plan

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast							
Lunch							
Dinner							
Snacks							

Grocery list

Storage arrangements

Meal preparation notes

8. Mealtime risks

Risky foods

Foods that need special care/attention

Risk assessment (Low, Medium, High, Critical)

Gap or risk identified	Location	Risk level (L,M,H,C)	Control strategies	Residual risk rating (L,M,H,C)	Are control strategies acceptable?	Review date

9. Substitutions Required

Date	Comments

10. Incident management procedures *(including notifying the NDIS Quality & Safeguards Commission – Ph: 1800 035 544 / E: ContactCentre@ndiscommission.gov.au)*

Incident type (e.g. choking, aspiration, coughing)	**Response procedure**

11. List of important contacts

Name	**Position/relationship to participant**	**Phone number**	**Email**

12. Signatures

Participant's signature	
Name of participant	
Advocates/guardian's signature	
Name of advocate/guardian	
Organisation representative's signature	
Name of organisation representative	
Date	
Date of next review	