

LOW ALLERGEN SPECIAL DIET REQUEST FORM

Patient Name _____ Ward _____ Date of Request _____

Please select a starter, main course and dessert by placing a tick in the appropriate box for today's evening meal and tomorrow's lunch:

	Today's EVENING	Tomorrow's LUNCH
STARTER		
1. Apple Juice	✓ AS REQUIRED	
MAIN COURSE		
2. Baked White Fish		
3. Plain Chicken Breast		
4. Roast Beef in Gravy		
5. Roast Pork in Gravy		
6. Roast Lamb in Gravy		
7. Tuna in brine		
ACCOMPANIMENT		
8. Plain Jacket Potato		
9. Plain & Simple Mashed Potato- Scoop from Jacket		
10. Boiled Rice		
11. Carrots		
12. Garden Peas		
13. Sweetcorn		
14. Baked Beans		
DESSERT		
15. Stewed Apple & Cinnamon		
16. Mandarins in Juice		
17. Peach & Pear in Juice		
18. Pineapple in Juice		
ADDITIONAL ITEMS		
19. Soya Margarine		
20. Soya Milk		
21. Soya Yoghurt		

Dietitian / Nursing staff - this form should be e-mailed to leedsth-tr.patientcateringordersradu@nhs.net daily by **11:30am**. Any additional items required should be ordered on a 'Special Diet Request Form (D1)'. Any queries contact the RADU admin team 8am-4pm Monday to Sunday on Ext 63365

If dietary prescription is advised and requires starting for lunch the same day or after 11:30am for evening meal, the Ward Housekeeper should source suitable items for from the backup stock stored locally in the **RTP (LGI Ext 23799, SJUH Ext 64183)**

Requested by Position Contact/bleep number Date

Every care is taken to ensure allergen integrity of our food, however we don't have allergen free zones and our food may be handled where other allergens are present. Please ask your ward housekeeper if you have any specific concerns, allergen information can be viewed on LTHT web site:

<http://www.leedsth.nhs.uk/a-z-of-services/patient-catering/menus/>