



HEALTH CARE PROVIDER ASSESSMENT FORM



(for MyZone Access)

Please complete this form to assist Sodexo Dining Services at Miley Dining Hall in providing appropriate food or dining accommodations.

Student Name:	Student DOB:
Person Providing Assessment:	
<input type="checkbox"/> MD <input type="checkbox"/> Nurse <input type="checkbox"/> Registered Dietitian <input type="checkbox"/> Mental Health Professional	
Health Care Professional Name:	Office Phone Number:
Date of Most Recent Appointment:	Number of Appointments:

Medical Conditions (Check all that apply):

Food Allergy to:	<input type="checkbox"/> Milk <input type="checkbox"/> Egg <input type="checkbox"/> Fish <input type="checkbox"/> Peanut <input type="checkbox"/> Soy <input type="checkbox"/> Shellfish <input type="checkbox"/> Tree Nut <input type="checkbox"/> Wheat Other (specify): _____
Celiac Disease <input type="checkbox"/>	
Medical Condition (please specify using IDC 10 of DSM 5 codes):	
Diagnostic instruments utilized to reach above diagnosis:	
<input type="checkbox"/> Lab results <input type="checkbox"/> Endoscopy <input type="checkbox"/> Allergy Testing <input type="checkbox"/> Bowel Biopsy <input type="checkbox"/> ROME III criteria <input type="checkbox"/> Oral Food Challenge <input type="checkbox"/> Other, please specify: _____	
Brief explanation of how Sodexo Dining Services can assist with students' special dietary needs:	

Diet Prescription: Foods Omitted & Substitutions

Please list a specific diet prescription and/or food(s) to be omitted and food(s) that may be substituted. You may attach additional documentation if necessary.

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OMITTED FOODS	SUBSTITUTIONS

Indicate length of time special diet must be followed:

Ongoing

Temporary

Start Date: _____ End date: _____

<input type="checkbox"/> I certify that the above-named student requires special dietary modifications as described above, due to the student's food allergies and/or medical conditions.	
Health Care Professional Signature:	Date:

Please scan & email at stephanie.paiva@salve.edu or
fax to Sodexo Dining Services Attn: Stephanie Paiva at 401-633-6665

