# Food Shopping Checklist

Work through each item in order and mark it as completed. Add a note against anything you could not complete, and sign the form when you finish.

**Name:** _____ **Date completed:** _____ dd / mm / yyyy

**Date of birth:** _____ dd / mm / yyyy **Record / MRN number:** _____

## BEFORE YOU START

- [ ] Confirm identity and check the record is the correct one
- [ ] Confirm consent is in place and still valid
- [ ] Check for allergies, contraindications and recent changes
- [ ] Gather the equipment and paperwork you need

## FOOD SHOPPING - MAIN STEPS

- [ ] Check intake patterns and portion detail
- [ ] Record tolerances, allergies and exclusions
- [ ] Review measurable targets and review dates
- [ ] Confirm nothing has been missed

## BEFORE YOU FINISH

- [ ] Complete the record while the detail is fresh
- [ ] Agree adherence barriers and practical substitutions
- [ ] Give written information and contact details
- [ ] Book or confirm the next appointment

## ANYTHING NOT COMPLETED

**Item:** _____ **Reason:** _____

**Action needed:** _____ **By when:** _____

**Notes**

**Signature and date**
**Checked by:** _____