# Gastrointestinal Soft Diet Food List

## Gastrointestinal Soft Diet Food List

Tick each item as you gather or confirm it. Add anything specific to your own circumstances in the blank rows.

Name

Date completed

Date of birth

Record / MRN number

Prepared by

Date

Tick each item once it is confirmed or packed. Use the blank rows for anything specific to you.

## Essentials

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

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## Documents and paperwork

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

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## Useful but optional

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

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## Anything else

| Item | Quantity | Who is bringing it | Confirmed |
|---|---|---|---|
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| Item | Quantity | Who is bringing it | Confirmed |
| --- | --- | --- | --- |
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Notes

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