



Special Diet Statement

In order for Chasin A Dream Foundation, a 501(c)(3) organization, to provide food assistance for children with life-threatening illnesses and disabilities we need a diet statement from the physician upon discharge.

This form must be completed by a licensed physician or ARNP.

Please submit this completed special diet statement to: norma@chasinadream.org

Patient Information:

Patient's Full Name: _____ Today's Date: _____

Date of Birth: _____

Name of Hospital: _____

Physician's Name: _____ Phone: _____

Patient's Diagnosis: _____

Required Information: Dietary Accommodation

1. List the food to be avoided:

2. Recommended diet:

Additional Information

Texture Modification: Pureed Ground Bite-Sized Pieces Other: _____

Tube Feeding Formula Name: _____

Administering Instructions: _____

Oral Feeding: No Yes If yes, specify foods: _____

Other Dietary Modification or Additional Instructions (Describe): _____

Required Signature

This form must be signed by a licensed physician or ARNP. The medical person signing it should keep a copy of this document in his/her records.

Prescribing Authority Credentials (print): _____ Date: _____

Signature: _____ Clinic/Hospital: _____

Phone Number: _____ Fax Number: _____

Voluntary Authorization

In accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the Family Educational Rights and Privacy Act I hereby authorize _____
(physician/medical authority name) to release such protected health information as is necessary for the specific purpose of Special Diet information to Chasin A Dream Foundation
and I consent to allow the physician/medical authority to freely exchange the information listed on this form and in their records concerning me, with the program as necessary. I understand that permission to release this information may be rescinded at any time except when the information has already been released. The undersigned certifies that he/she is the parent, guardian, or authorized representative of the participant listed on this document and has the legal authority to sign on behalf of that participant.

Parent/Guardian: _____ Date: _____