**Diner questionnaire**

1) Full name

2) Address

3) Phone number

4) Emergency Contact 1

Name:

Phone number:

Address:

5) Emergency Contact 2

Name:

Phone number:

Address:

6) Health Issues

7) Allergens, please tick from list below:

1. Cereals containing gluten

2. Crustaceans and products thereof

3. Eggs and products thereof

4. Fish and products thereof

5. Peanuts and products thereof

6. Soybeans and products

7. Milk and products thereof (including lactose), except:

8. Nuts

9. Celery and products thereof

10. Mustard and products thereof

11. Sesame seeds and products thereof

12. Sulphur dioxide

13. Lupin and products thereof

14. Molluscs and products thereof

8) Food Preferences / Likes / Dislikes

9) Arrangements (preferred day / daytime / eve / weekend)

10) What other services do you use / currently receive e.g. meals on wheels / over 50s club?

11) How do we access your home?  Doorbell, keysafe?

12) Do you prefer to have a male / female volunteer

13) Any other notes:

Signed……………………………………………………………………………………………………………………………………….

(Diner or family member to confirm all the details above are correct)