

MEALS ON WHEELS REGISTRATION FORM

Name		Lives alone / with spouse / with relatives	
Address		Phone	
E-mail address			
Next of Kin		Relationship	
Address of Next of Kin		Phone	
Contact Person		Relationship	
Address		Phone	
Doctor		Phone	

Send account to? (If different from above)	
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Preferred start date	
Main Meal (tick above day required)	Monday / Tuesday / Wednesday / Thursday / Friday / Saturday / Sunday
Pudding (tick above day required)	Monday / Tuesday / Wednesday / Thursday / Friday / Saturday / Sunday
Dietary Restrictions (eg, diabetic)	
Food Allergies	
Food Dislikes	
Which door is meal to be delivered to?	