### Special Dietary Needs Information Form

**ONCE YOUR PHYSICIAN HAS COMPLETED THIS FORM, PLEASE HAVE THEM SUBMIT TO DISABILITY SERVICES AND PROGRAMS**

**THIS CAN BE DONE THROUGH THE MAIL, IN PERSON OR BY FAX (213-740-8216)**

Should you have questions about how USC Hospitality can accommodate your special dietary needs, please contact Lindsey Pine MS, RDN, CSSD, CLT at lpine@usc.edu or 213-740-9901

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<tr>
<th>Full Name of Student</th>
<th>Email Address</th>
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Which Meal Plan do you have? ________ Which dining hall do you wish to frequent most often? ________

**Students: Please fill out the above information before giving to your physician.**

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### FOR PHYSICIANS USE ONLY — Please Check All that Apply

- [ ] Dairy Allergy
- [ ] Lactose Intolerance
- [ ] Wheat Allergy
- [ ] Gluten Intolerance
- [ ] Celiac Disease
- [ ] Sesame Allergy
- [ ] Egg Allergy
- [ ] Soy Allergy
- [ ] Peanut Allergy
- [ ] Tree Nut Allergy
- [ ] Fish Allergy
- [ ] Shellfish
- [ ] Crohn’s Disease
- [ ] Irritable Bowel Syndrome
- [ ] Ulcerative Colitis
- [ ] Oral Surgery

- Other Food Allergies
- Other Food Intolerances/sensitivities
- Other

- What are the patient’s possible reactions to the allergen(s) or condition(s) listed above?

- What are the medically necessary dietary accommodations needed to manage the health of the patient?

- How long is the special diet required?

- Is the patient currently under continuing physician’s care?

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Printed Name, Title & Credentials of Physician ________________________________

Signature of Physician ____________________________ Date ____________

Address ________________________________

Phone Number ________________________________

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USC Student Affairs
Disability Services and Programs

USC Hospitality