

FOOD INTAKE FORM

Please use this chart to record all foods, beverages & supplements that you consume during the next week; including quantity.

Be truthful.

This is a tool to aid me in creating the most appropriate and personalized treatment plan for you. Your candidness will be of great value in our work together.

If you have any questions please contact our clinic.

	DAY 01	DAY 02	DAY 03
BREAKFAST			
SNACK			
LUNCH			
SNACK			
DINNER			
SNACK			
CONDIMENTS			
WATER			
OTHER BEVERAGES (coffee, tea, juice, etc.)			
SUPPLEMENTS			
EXERCISE			
comments			

	DAY 04	DAY 05	DAY 06	DAY 07
BREAKFAST				
SNACK				
LUNCH				
SNACK				
DINNER				
SNACK				
CONDIMENTS				
WATER				
OTHER BEVERAGES (coffee, tea, juice, etc.)				
SUPPLEMENTS				
EXERCISE				
comments				