

# DAILY RECORD OF FOOD INTAKE

Write down daily all the foods you eat and drink. Be sure to include the approximate amount of each food. DRINK

When you have completed this booklet, return it to \_\_\_\_\_ for evaluation.

YOUR DIET MAY BE  
THE KEY TO BETTER HEALTH.



PATIENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

Wendy Nickell LMT, CNHP, CNP

Las Vegas, NV

DOCTOR: \_\_\_\_\_

Date: \_\_\_\_\_

BREAKFAST:  
Meat & Dairy Foods:

Vegetables & Fruits:

Cereal Foods:

Candy & Other Sweets:

Drinks:

BETWEEN BREAKFAST AND LUNCH:

LUNCH:  
Meat & Dairy Foods:

Vegetables & Fruits:

Cereal Foods:

Candy & Other Sweets:

Drinks:

BETWEEN LUNCH & DINNER:

DINNER:  
Meat & Dairy Foods:

Vegetables & Fruits:

Cereal Foods:

Candy & Other Sweets:

Drinks:

BETWEEN DINNER & BEDTIME:

2nd Day

3rd Day

Date: \_\_\_\_\_

Date: \_\_\_\_\_

BREAKFAST:

Meat & Dairy Foods:

BREAKFAST:

Meat & Dairy Foods:

Vegetables & Fruits:

Vegetables & Fruits:

Cereal Foods:

Cereal Foods:

Candy & Other Sweets:

Candy & Other Sweets:

Drinks:

Drinks:

BETWEEN BREAKFAST AND LUNCH:

BETWEEN BREAKFAST AND LUNCH:

LUNCH:

Meat & Dairy Foods:

LUNCH:

Meat & Dairy Foods:

Vegetables & Fruits:

Vegetables & Fruits:

Cereal Foods:

Cereal Foods:

Candy & Other Sweets:

Candy & Other Sweets:

Drinks:

Drinks:

BETWEEN LUNCH & DINNER:

BETWEEN LUNCH & DINNER:

DINNER:

Meat & Dairy Foods:

DINNER:

Meat & Dairy Foods:

Vegetables & Fruits:

Vegetables & Fruits:

Cereal Foods:

Cereal Foods:

Candy & Other Sweets:

Candy & Other Sweets:

Drinks:

Drinks:

BETWEEN DINNER & BEDTIME:

BETWEEN DINNER & BEDTIME: