



healthcare for the whole family

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## **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 us in creating the most appropriate and personalized Treatment Plan for you. Your candidness will assist in our work together.

<b>DAY</b>	<b>BREAKFAST</b>	<b>LUNCH</b>	<b>DINNER</b>	<b>SNACKS</b>	<b>BEVERAGES</b>	<b>SUPPLEMENTS</b>	<b>EXERCISE</b>
<b>01</b>							
<b>02</b>							
<b>03</b>							
<b>04</b>							

<b>05</b>							
<b>06</b>							
<b>07</b>							