Diet Intake Form

Please use this chart to record your diet & activity information over the next week. Please include food/drink quantities. This is a tool to aid us in creating the most personalized treatment plan for **you**, the more information you provide the better we can assist you.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Day 1 | Day 2 | Day 3 |
| Breakfast  Time: |  |  |  |
| Snack  Time: |  |  |  |
| Lunch  Time: |  |  |  |
| Snack  Time: |  |  |  |
| Dinner  Time: |  |  |  |
| Snack  Time: |  |  |  |
| Water |  |  |  |
| Other Drinks, including alcohol |  |  |  |
| Vitamins, Neutraceuticals, Medications |  |  |  |
| Drugs/Cigarettes |  |  |  |
| Activity level (1-5) & Exercise (type, duration) |  |  |  |
| Physical State/Function (1-5) |  |  |  |
| Mental/Emotional State/Function (1-5) |  |  |  |

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Day 4 | Day 5 | Day 6 | Day 7 |
| Breakfast  Time: |  |  |  |  |
| Snack  Time: |  |  |  |  |
| Lunch  Time: |  |  |  |  |
| Snack  Time: |  |  |  |  |
| Dinner  Time: |  |  |  |  |
| Snack  Time: |  |  |  |  |
| Water |  |  |  |  |
| Other Drinks, including alcohol |  |  |  |  |
| Vitamins, Neutraceuticals, Medications |  |  |  |  |
| Drugs/Cigarettes |  |  |  |  |
| Activity level (1-5) & Exercise (type, duration) |  |  |  |  |
| Physical State/Function (1-5) |  |  |  |  |
| Mental/Emotional State/Function (1-5) |  |  |  |  |