Date:			

## Patient label/name

**Food Record**: Write down the date/meal, food or drink and how much taken at <u>all</u> meals and snacks.

Date/Meal	Food or drink and
	how much? (ex: cup, bowl, slice, servings)
<b>Example:</b> Monday, April 27 <sup>th</sup> Breakfast	2 slices Whole wheat bread, 1 egg, 1 cup of milk



	Patient label
Date:	

**Food Record**: Write down the date/meal, food or drink and how much taken at <u>all</u> meals and snacks.

Date/Meal	Food or drink and
	how much? (ex: cup, bowl, slice, servings)
<b>Example:</b> Monday, April 27 <sup>th</sup> Breakfast	2 slices Whole wheat bread, 1 egg, 1 cup of milk

