	Patient label
Date:	

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

Date/Meal	Food or drink and how much? (ex: cup, bowl, slice, servings)
Example: Monday, Breakfast, 9:00 am	2 slices Whole wheat bread, 1 egg, 1 cup of milk
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