



healthcare for the whole family

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.

DAY	BREAKFAST	LUNCH	DINNER	SNACKS	BEVERAGES	SUPPLEMENTS	EXERCISE
01							
02							
03							
04							

05							
06							
07							