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 Consultant Dietitian

## Dietary Food Intakes:

Name: \_\_\_\_\_ Date \_\_\_\_\_ RECORD PERCENTAGE OF FOOD CONSUMED 0-100%

Diet Orders: \_\_\_\_\_ Snacks Orders \_\_\_\_\_ Additional Foods: \_\_\_\_\_  
 (prune juice, HPM etc.)

Date	Time	Amount	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Breakfast																																	
Initials																																	
Snack																																	
Initials																																	
Lunch																																	
Initials																																	
Snack																																	
Initials																																	
Dinner																																	
Initials																																	
HS Snack																																	
Initials																																	
Other																																	
Initials																																	
Other																																	
Initials																																	

