

UC Health Integrative Medicine

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Established Patient 3-day Food Record

Today's Date: _____ Name: _____ D.O.B.: _____

Age: _____ Address: _____ City: _____ State: _____

Zip: _____ Email: _____

FOOD RECORD

Please record all the foods and the amounts you eat for 3 consecutive days, which are part of your normal routine. Please make this observation 4 or 5 days before the appointment and bring the food record with you.

For instance, if you had cereal for breakfast in a normal size bowl with a banana, please record: "one and half cups of Special K with .5 cups of skim milk and a half of a banana, small coffee and 4 oz. of orange juice."

When you eat casseroles please indicate what the ingredients were, baked or fried food and how much you had.

DAY 1 (Date)	Food/Beverage items	Amount Per Meal
Before Breakfast		
Breakfast		
Morning break		
Lunch		
Afternoon Snack		
Dinner		
Before bed		

DAY 2 (Date)	Food/Beverage items	Amount Per Meal
Before Breakfast		
Breakfast		
Morning break		
Lunch		
Afternoon Snack		
Dinner		
Before bed		

DAY 3 (Date)	Food/Beverage items	Amount Per Meal
Before Breakfast		
Breakfast		
Morning break		
Lunch		
Afternoon Snack		
Dinner		
Before bed		