Daily Food Record

Children's Health System

Dept. of Clinical Nutrition

1600 7th Ave. South

Birmingham, Alabama 35233

Phone: (205)-939-9204 Fax: (205)-939-6047

# Patient’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Instruction\_\_\_\_\_\_\_\_\_\_\_\_\_

# Date of food record \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day of the week \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list only one food item per line. Leave a blank line between meals and snacks.

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| --- | --- | --- | --- | --- | --- |
| Time of Day | Food Eaten (Describe fully - specify name brands, percent fat, etc. If patient is tubefeeding, provide formula name) | Measured Amount  (Specify oz., c., tsp., tbsp., etc.) | Cooking Method | H (home)  R (restaurant)  O (other) | Other food items added |
| 8:30 am | scrambled egg (Egg Beaters®) | ½ c. cooked | Fried in Promise | H | salt, pepper, skim milk |
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