Intake Record for Outpatients

Please record ALL food *and* beverages consumed at meals *and* between meal snacks. It also is helpful to note how long it took to consume the meal or snack and the setting where it was consumed.

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| **Date/Time** | **Meal or Snack** | **Food/Beverage** | **Amount Eaten** |
|  | **Breakfast** | **Lunch**  | **Dinner** | **Snack** | Include brand, cooking method (fried, baked, etc.), and items added to foods like sugar or butter |  |
|  |  |  |  |  | *Sandwich – 1 slice of regular white bread with 1 Tbsp jelly + 2 Tbsp peanut butter**Skim milk* | *75% of sandwich**5oz* |
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