Name _____ Date _____
Date of Birth _____ Age _____
Weight _____ lb. _____kg Height _____ cm _____ inches
(weight & height measured at _____ home _____ clinic)
Recorded by_____

PLEASE RECORD FOOD EATEN FOR THREE (3) CONSECUTIVE DAYS PRIOR TO YOUR / YOUR CHILD'S CLINIC VISIT. PLEASE SAVE THE FOOD PACKAGES/LABELS AND BRING THEM TO CLINIC WITH YOU AT THE TIME OF YOUR APPOINTMENT.

Record all foods and liquids eaten using the attached sheets. Specify the portion sizes, the name of the food, the brand name, and include recipes if homemade. List the approximate ingredients in mixed dishes. Measure solids in cups, tablespoons, and teaspoons. Measure liquids in ounces, and specify kind of juice or other beverages. Include condiments such as sauces, fats and sugar added to foods.

Are you / Is your child receiving any type of medicine? Please include any vitamin or mineral supplements taken.

Name	Amount	Concentration

Are you / Is your child taking any type of formula? _____
How is the formula/mixture prepared? Name of the formula _____
_____ scoops/gm. _____
_____ scoops/gm. _____
_____ ml _____
_____ tbsp _____
Add water to make _____ oz/cc total.
Given at _____ oz/cc _____ times a day.
_____ given by mouth total with _____ at each feeding.
_____ given by tube total with _____ at each feeding.

Your / Your child's appetite was: _____ Better than usual, _____ Usual, _____ Poor

Eliminated Foods:

Tolerated Foods:

Name _____ Date _____ Recorded _____

Time	Amount	Foods or Liquids (Preparation Method)	Brand Name	Stool Pattern (Consistency, Color)	Comments