



**Please list all foods and beverages you consumed for the 4 days prior to your appointment. (NOTE: I do not need any quantities or amounts. Just the item you consumed)**

**Sample Day**

BREAKFAST	SNACK	LUNCH	SNACK	DINNER
2eggs toast juice coffee	Yogurt Coffee	turkey sandwich cheese cheese, lettuce & tomato Fritos lemonaide	Peanuts Soda	chicken, baked carrots & mashed potato roll & water apple pie

**Day 4**

BREAKFAST	SNACK	LUNCH	SNACK	DINNER
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Day 3**

BREAKFAST	SNACK	LUNCH	SNACK	DINNER
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Day 2**

BREAKFAST	SNACK	LUNCH	SNACK	DINNER
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Day 1**

BREAKFAST	SNACK	LUNCH	SNACK	DINNER
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____