

FOOD RECORD

STUDENT INFORMATION

Student Name:

Date:

DIRECTIONS

Please write down everything you eat and drink, including all dressings, sauces, gravy, and snacks for three (3) days. Be as honest as possible.

Example: Oatmeal 1/2cup
 Honey and raisins
 Milk 1% 1 cup
 Brown sugar 1 tsp

Submit this form to Student Health 48 hours before your consult.

FOOD RECORD

DATE	FOOD	AMOUNT	PREPARATION	FOR SHC USE