

Student Health Center Mount Sinai One Gustave L. Levy Place, Box 1260 New York, NY 10029-6574

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## FOOD RECORD

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         Money and raisins         Milk 1%       1 cup         Brown sugar       1 tsp         Submit this form to Student Health <u>48 hours before</u> your consult.         FooD Record         Date       For SHC Use
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 <u>48 hours before</u> your consult.
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DATE         FOOD         AMOUNT         PREPARATION         FOR SHC Use           Image: Im