Family Physiotherapy Centre Of London

FOOD INTAKE RECORD

Please complete this Food Intake Record and bring it with you to your appointment

Instructions:

1) Record everything you eat and drink for 2 weekdays (Monday-Friday) and 1 weekend day (Saturday or Sunday) on the chart below.
2) Do not change your eating habits and record your USUAL food intake
3) Include as much detail as possible – **food item**, **amount** of food, **cooking/preparation method** (e.g. boiled potato), any **condiments, sauces, dressings, gravies** consumed (e.g. ketchup). Measure or estimate portions as accurately as possible.
4) Include all **beverages** consumed (e.g. water, milk, juice, pop, coffee, tea)
5) Specify if a particular food or meal was eaten out.

Example of a food entry:

Day: Tuesday October 5, 2015

Time	Food and Drink	Amount
7am	Whole grain bread	2 slices
	Peanut Butter (natural)	2 Tbsp
	Egg (over easy)	1 egg
	Vegetable oil	1 Tbsp
	Coffee (from Tim Hortons)	1 cup or 8 oz
	Sugar	2 tsp
	Cream	2 tsp

Day 1: _____

Time	Food and Drink	Amount

www.fpclondon.com

FPC North
2 – 770 South Wenige Drive
London, ON N5X OH7
T: 519.433.9111
F: 519.433.8515

FPC Central
310 Wellington Road South
London, ON N6C 4P4
T: 519.439.6111
F: 519.439.2111

Day 2: _____

Time	Food and Drink	Amount

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FPC North
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T: 519.433.9111
F: 519.433.8515

FPC Central
310 Wellington Road South
London, ON N6C 4P4
T: 519.439.6111
F: 519.439.2111

Day 3: _____

Time	Food and Drink	Amount

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