

Dietary History

Name: Date:

\*\*\*Drink at least six 8oz. glasses of distilled water per day\*\*\*

|  |  |
| --- | --- |
| FOODS EATEN | SYMPTOMS-Physical & Emotional |
| M | Breakfast: |  | Water Intake?12346789 |
| Snack: |  |
| Lunch: |  |
| Snack: |  |
| Dinner: |  |
| Snack: |  |
| T | Breakfast: |  | Water Intake?12346789 |
| Snack: |  |
| Lunch: |  |
| Snack: |  |
| Dinner: |  |
| Snack: |  |
| W | Breakfast: |  | Water Intake?12346789 |
| Snack: |  |
| Lunch: |  |
| Snack: |  |
| Dinner: |  |
| Snack: |  |

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|  |  |  |  |
| --- | --- | --- | --- |
| Th | Breakfast: |  | Water Intake?12346789 |
| Snack: |  |
| Lunch: |  |
| Snack: |  |
| Dinner: |  |
| Snack: |  |
| F | Breakfast: |  | Water Intake?12346789 |
| Snack: |  |
| Lunch: |  |
| Snack: |  |
| Dinner: |  |
| Snack: |  |
| Sa | Breakfast: |  | Water Intake?12346789 |
| Snack: |  |
| Lunch: |  |
| Snack: |  |
| Dinner: |  |
| Snack: |  |
| Su | Breakfast: |  | Water Intake?12346789 |
| Snack: |  |
| Lunch: |  |
| Snack: |  |
| Dinner: |  |
| Snack: |  |

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