

Dietary History

Name: Date:

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

|  |  |
| --- | --- |
| FOODS EATEN | SYMPTOMS-Physical & Emotional |
| M | Breakfast: |  | Water Intake?  1  2  3  4  6  7  8  9 |
| Snack: |  |
| Lunch: |  |
| Snack: |  |
| Dinner: |  |
| Snack: |  |
| T | Breakfast: |  | Water Intake?  1  2  3  4  6  7  8  9 |
| Snack: |  |
| Lunch: |  |
| Snack: |  |
| Dinner: |  |
| Snack: |  |
| W | Breakfast: |  | Water Intake?  1  2  3  4  6  7  8  9 |
| Snack: |  |
| Lunch: |  |
| Snack: |  |
| Dinner: |  |
| Snack: |  |

1901 N. Clybourn Avenue Suite 301  Chicago, IL 60614  (773) 472-0530

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| --- | --- | --- | --- | --- |
| Th | Breakfast: |  | Water Intake?  1  2  3  4  6  7  8  9 | |
| Snack: |  |
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