

MSUD Food Intake Record



Department of Human Genetics 404-778-8570

Ex.

mg

| Date: | | | | | |
|--------------------------------------|----------------------------------|---------------------------------|--------------------|----------------------------|----------|
| Name: | | | Date of Birth: | | |
| Height: | | | Weight: | | |
| Medicatio | ons: (please bring medication | ons to clinic visits) | | | |
| Vitamins | or Supplements: (please bri | ing medications to clinic vis | | | |
| | Prescription: (Please include to | he name and amount of each ingr | edient used to m | ake your Formula.) Amount: | |
| | | | | | |
| Volume Mixed: oz. Volume Consumed: _ | | | oz. # of servings: | | |
| * Meal | Food/Beverage Item | Amount of Food Eaten | LEU (mg) | ** Exchanges | Comments |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Total:

* Meal: B=Breakfast; L-Lunch; D=Dinner; S=Snack

** Exchanges: 1 exchange = 30 mg LEU