



PKU Food Intake Record



Department of Human Genetics
404-778-8570

Date: _____

Name: _____

Date of Birth: _____

Height: _____

Weight: _____

Vitamins, Medications, or Supplements: *(please bring medications to clinic visits)*

Formula Prescription: *(Please include the name and amount of each ingredient used to make your Formula.)*

Ingredients:

Amount:

Volume Mixed: _____ oz. Volume Consumed: _____ oz. # of servings: _____

Food/Beverage Item	Amount of Food Eaten	Phe (mg)	** Exchanges	Comments

Total: _____ mg _____ Ex.

** Exchanges: 1 exchange = 15 mg Phe

