

## **Protein Food Intake Record**



Date:								
Name:			Date of Birth:					
_			Weight:					
Medication	ons: (please bring medication	ons to clinic visits)						
Vitamins	or Supplements: (please br	ing medications to clinic vis						
	Prescription: (Please include i	the name and amount of each ingr	edient used to ma		mount:			
Volume 1	Mixed: oz.	Volume Consumed:	0z	# of serving	ngs:			
* Meal	Food/Beverage Item	<b>Amount of Food Eaten</b>	Protein (gm)	Kcals (calories)	Comments			

<sup>\*</sup> Meal: B=Breakfast; L-Lunch; D=Dinner; S=Snack



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