Valeria Breiten, NMD, RD

NUTRITION CHAT FORM

(Please print 3 – one for each day)

Date_____

Wake up time _____ Woke rested? Yes No Hours Slept_____

INTAKE CHART – Please record everything you eat or drink during the day.

Time	Food/Beverage	Amount

Fats consumed today:

Protein total ounces: Total servings of Fruits and Vegetables:

Water total ounces: Fiber sources:

Please list Supplements, Medicines, Homeopathics and Herbs taken today:

_____

_____

_____

1257 W. Warner Rd, Suite B-4
Chandler, AZ 85224
www.DrValeria.net
480.857.2768