Valeria Breiten, NMD, RD NUTRITION CHAT FORM

(Please print 3 – one for each day) Date_____

Wake up time		Woke rested? Yes No	Woke rested? Yes NoHours Slepte record everything you eat or drink during the day.	
Γ	TAKE CHART – H	Please record everything you eat	d everything you eat or drink during the day.	
Time	Food/Beverage		Amount	

Fats consumed today:

Protein total ounces: Total servings of Fruits and Vegetables:

Fiber Water total ounces:

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