Intake Record for Outpatients

Please record ALL food *and* beverages consumed at meals *and* between meal snacks. It also is helpful to note how long it took to consume the meal or snack and the setting where it was consumed.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date/Time** | **Meal or Snack** | | | | **Food/Beverage** | **Amount Eaten** |
|  | **Breakfast** | **Lunch** | **Dinner** | **Snack** | Include brand, cooking method (fried, baked, etc.), and items added to foods like sugar or butter |  |
|  |  |  |  |  | *Sandwich – 1 slice of regular white bread with 1 Tbsp jelly + 2 Tbsp peanut butter*  *Skim milk* | *75% of sandwich*  *5oz* |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |