

## Daily Food Record

*ATTN: Pediatric Registered Dietitian*

North Alabama Children's Specialists

502 Governor's Drive

Huntsville, Alabama 35801

**Phone:** (256)-533-0833, ext 6

**Fax:** (205)-638-2058

Patient's Name \_\_\_\_\_ Date of Instruction \_\_\_\_\_

Date of food record \_\_\_\_\_ Day of the week \_\_\_\_\_

Please list only one food item per line. Leave a blank line between meals and snacks.

Time of Day	Food Eaten (Describe fully - specify name brands, percent fat, etc. If patient is tubefeeding, provide formula name)	Measured Amount (Specify oz., c., tsp., tbsp., etc.)	Cooking Method	H (home) R (restaurant) O (other)	Other food items added
8:30 am	scrambled egg (Egg Beaters®)	½ c. cooked	Fried in Promise	H	salt, pepper, skim milk