



Food Record

Name: _____

Date: _____

- Complete this form as accurately as possible, using the examples as a guide.
- Use only one form per day. Do not put anything on this form that pertains to another day.
- Record all foods and beverages, including water, you consumed from the time you wake up to the time you go to bed.

Time	Food/Drink	Type	Preparation	Amount
8:00 am	Bagel	Cinnamon raisin	Toasted	Half
8:00 am	Milk	1% fat	Fresh	8 ounces
Noon	Chicken	Leg and thigh	Fried	1 each



Thank you for your willingness to share this information. I look forward to working with you to make lifestyle changes to meet your goals.

Voula Cicchelli, CSNP, CHN, RNCP
Holistic Nutrition Practitioner and Fitness Coach

PLEASE EMAIL COMPLETED FORMS to voula@lifestyle4life.com

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