



# ALYSSE FOGEL and ASSOCIATES

## CONSULTING DIETITIANS/NUTRITIONIST

Next Appointment Date: \_\_\_\_\_

FOOD RECORD

DAY	BREAKFAST	AM SNACK	LUNCH	PM SNACK	DINNER	EVENING SNACK	DAILY TOTAL
FRI.							P: _____
							B/C: _____
							M: _____
							FR: _____
							VEG: _____
							FAT: _____
SAT.							H2O: _____
							P: _____
							B/C: _____
							M: _____
							FR: _____
							VEG: _____
SUN.							FAT: _____
							H2O: _____
							P: _____
							B/C: _____
							M: _____
							FR: _____

**EXERCISE NOTES:**

MON. \_\_\_\_\_  
 TUES. \_\_\_\_\_  
 WED. \_\_\_\_\_  
 THURS. \_\_\_\_\_  
 FRI. \_\_\_\_\_  
 SAT. \_\_\_\_\_  
 SUN. \_\_\_\_\_

P: **Protein (Meat & Alternatives)**  
 B/C: **Breads & Cereals**  
 M: **Milk & Milk Products**  
 FR: **Fruits**  
 VEG: **Vegetables**  
 FAT: **Fats & Oils**  
 H2O: **Water**