

ALYSSE FOGEL

CONSULTING 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: _____ H2O: _____
SAT.							P: _____ B/C: _____ M: _____ FR: _____ VEG: _____ FAT: _____ H2O: _____
SUN.							P: _____ B/C: _____ M: _____ FR: _____ VEG: _____ FAT: _____ H2O: _____

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

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THUR.							P: _____ B/C: _____ M: _____ FR: _____ VEG: _____ FAT: _____ H2O: _____