Please print, complete and bring with you to your appointment.

Time

Amount

Time

Amount

Time

Amount

Physical Activity Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minutes:\_\_\_\_

Fluid Consumed: \_\_\_\_\_\_\_\_\_ ounces

S - M - T - W - R - F - S Date:

Food/Fluid

S - M - T - W - R - F - S Date:

Food/Fluid

Fluid Consumed: \_\_\_\_\_\_\_\_\_ ounces

Physical Activity Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minutes:\_\_\_\_

S - M - T - W - R - F - S Date:

Food/Fluid

Fluid Consumed: \_\_\_\_\_\_\_\_\_ ounces

Physical Activity Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minutes:\_\_\_\_