# Food Record Chart

# Please complete and return to your GP Practice before your appointment

|  |  |  |  |
| --- | --- | --- | --- |
| **Your details** | | | |
| Name |  | DOB |  |
| Date |  | GP surgery |  |
| Height | m | Weight | kg |
| BMI | kg/m2 | Weight Loss | kg |

# 

|  |  |  |  |
| --- | --- | --- | --- |
| **Common Foods** | | | |
| Please detail the types of common foods you usually eat: | | | |
| Bread | Brand | | Slices per day |
| Milk | Type (e.g. skimmed) | | Amount per day |
| Spread | Type (e.g. butter) | | Amount per day |
| Fruit | Portions per day | | |
| Vegetables | Portions per day | | |
| Crisps/sweets | Portions per day | | |
| Drinks | Amount per day | | |
| Alcohol | Amount per week | | |
| Number of meals out per week | |  | |
|  | | | |
| **Typical daily intake – Day 1** | | | |
| Breakfast |  | | |
| Mid-Morning |  | | |
| Lunch |  | | |
| Mid-Afternoon |  | | |
| Evening meal |  | | |
| Supper |  | | |
| Drinks |  | | |

|  |  |
| --- | --- |
| **Typical daily intake – Day 2** | |
| Breakfast |  |
| Mid-Morning |  |
| Lunch |  |
| Mid-Afternoon |  |
| Evening meal |  |
| Supper |  |
| Drinks |  |

|  |  |
| --- | --- |
| **Typical daily intake – Day 3** | |
| Breakfast |  |
| Mid-Morning |  |
| Lunch |  |
| Mid-Afternoon |  |
| Evening meal |  |
| Supper |  |
| Drinks |  |