# Food Record Chart

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

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

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| **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 |  |

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

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