

5 Day Food Diary for client's name _____

Day 1-Date: _____

Breakfast: _____

Morning snack: _____

Lunch: _____

Afternoon snack: _____

Dinner: _____

Evening snack: _____

Amount of water throughout the day: _____

Comments on any symptoms: _____

Day 2-Date: _____

Breakfast: _____

Morning snack: _____

Lunch: _____

Afternoon snack: _____

Dinner: _____

Evening snack: _____

Amount of water throughout the day: _____

Comments on any symptoms: _____

Day 3-Date: _____

Breakfast: _____

Morning snack: _____

name _____

Lunch: _____

Afternoon snack: _____

Dinner: _____

Evening snack: _____

Amount of water throughout the day: _____

Comments on any symptoms: _____

Day 4-Date: _____

Breakfast: _____

Morning snack: _____

Lunch: _____

Afternoon snack: _____

Dinner: _____

Evening snack: _____

Amount of water throughout the day: _____

Comments on any symptoms: _____

Day 5-Date: _____

Breakfast: _____

Morning snack: _____

Lunch: _____

Afternoon snack: _____

name _____

Dinner: _____

Evening snack: _____

Amount of water throughout the day: _____

Comments on any symptoms: _____

Example 5 Day Food Diary for client's name - Jane Smith

Date: i.e. **Monday Feb 29, 2016** (Please include 1 day on weekend/day off)

Breakfast: approximate time food & beverage i.e. 8 am -1 Whole wheat toast, peanut butter and coffee with 1 tsp sugar and 1 tbsp dairy cream **OR** breakfast shake with 1 cup spinach, 1 cup mixed berries, 1 cup almond milk, Vega protein powder.

Morning snack: list food and beverage & approximate time i.e. 11 am 1 banana wheat muffin and 1 cup green tea with 1 tsp honey.

Lunch: 12:30- Greek Salad with tomato, peppers, feta cheese, onions, black olives, oil & vinegar dressing, grilled chicken breast, 1 glass tomato juice

Afternoon snack: 4 pm-1 glass water, 1 small apple

Dinner: 6 pm- baked salmon, 1 cup of white rice, 1 cup steamed broccoli

Evening snack: ¼ cup cashews, 1 cup orange juice

Amount of water throughout the day: 1 cup-(8 ounce servings) ie. - 8 cups water

Comments on any symptoms: ie. Felt bloated after lunch or felt tired after dinner or throat itchy after morning snack

Include any comments on how you felt and if any symptoms after any meals. Please list ingredients if more than one food in an item i.e. if a salad or vegetable stew then list all ingredients. If item is a prepared/ packaged food then state the name i.e. Lara Bar and bring package to appointment, list ingredients if phone consult, or take a picture of the front of the package, and ingredients list

Note that not everyone snacks, so do leave blank if you do not have them. Please bring the diet diary to your appointment unless directed to do otherwise.

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