

Food Intake Record



Department of Human Genetics

Date:			
Name:		Date of Birth:	
Height:			
	s:		
	Supplements:		
Formula Pro Ingredi	escription: (Please include the name and ents:	d amount of each ingredient used to m	ake your Formula.) Amount:
Volume Mixed: oz.		Volume Consumed:oz.	
* Meal	Food/Beverage Item	Amount of Food Eaten	Comments

^{*} Meal: B=Breakfast; L-Lunch; D=Dinner; S=Snack