Daily Food Intake Record

clayplattefamily.com | 816-842-4440

Name _____ DOB _____ Physician _____ Nurse _____

Date	Breakfast Time: _____	Total Carbohydrates	Lunch Time: _____	Total Carbohydrates	Dinner Time: _____	Total Carbohydrates

Date	Breakfast Time: _____	Total Carbs	Lunch Time: _____	Total Carbs	Dinner Time: _____	Total Carbs

Date	Breakfast Time: _____	Total Carbs	Lunch Time: _____	Total Carbs	Dinner Time: _____	Total Carbs

Date	Breakfast Time: _____	Total Carbs	Lunch Time: _____	Total Carbs	Dinner Time: _____	Total Carbs

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