



Food Record Form

Wolfville Nutrition Consulting
189 Dykeland Street, Suite 2, Wolfville NS B4P 1A3

ABOUT

Your completed food record will provide you and the nutritionist with a snapshot of your typical eating pattern, including food preferences and the timing of your meals and snacks. The nutritionist will obtain additional details about your food preferences during your first session. The nutritionist will use this information to complete a nutritional analysis in order to provide you with healthy eating recommendations and a personalized meal plan.

SAMPLE

Meal/Snack, Time & Place	What did you eat or drink?	How much? <i>(Tell how many slices, cups, pieces, etc.)</i>
Breakfast Time: 8:00 AM Place: Home	<i>Orange Juice</i>	<i>1 Small Glass</i>
	<i>2% Milk</i>	<i>1 Large Glass</i>
	<i>Multigrain Bagel</i>	<i>1</i>
	<i>Cream Cheese</i>	<i>2 Tablespoons</i>
	<i>Strawberry Jam</i>	<i>1 Tablespoon</i>
Snack Time: 10:30 AM Place: Tim Hortons	<i>Coffee with Cream and Sugar</i>	<i>1 large</i>
	<i>Wild Blueberry Muffin</i>	<i>1</i>

INSTRUCTIONS

Please use the following form to record everything you eat and drink for three days. Include any **two week days** and **one day on a weekend** (e.g. Monday, Thursday and Saturday).

You may find it easier to enter (type or write) what you've eaten immediately after each meal or snack, rather than waiting until later in the day.

When you've completed the form, please email it to wolfvillenutrition@gmail.com or bring it with you to your first session. If you have any questions about completing the form, please contact the nutritionist.



Food Record Form

Wolfville Nutrition Consulting
189 Dykeland Street, Suite 2, Wolfville NS B4P 1A3

Client's Name:	Date:
----------------	-------

Meal/Snack, Time & Place	What did you eat or drink?	How much? <i>(Tell how many slices, cups, pieces, etc.)</i>
Breakfast		
Time:		
Place:		
Snack		
Time:		
Place:		
Lunch		
Time:		
Place:		
Snack		
Time:		
Place:		
Supper		
Time:		
Place:		
Snack		
Time:		
Place:		



Food Record Form

Wolfville Nutrition Consulting
189 Dykeland Street, Suite 2, Wolfville NS B4P 1A3

Client's Name:	Date:
----------------	-------

Meal/Snack, Time & Place	What did you eat or drink?	How much? <i>(Tell how many slices, cups, pieces, etc.)</i>
Breakfast Time: Place:		
Snack Time: Place:		
Lunch Time: Place:		
Snack Time: Place:		
Supper Time: Place:		
Snack Time: Place:		



Food Record Form

Wolfville Nutrition Consulting
189 Dykeland Street, Suite 2, Wolfville NS B4P 1A3

Client's Name:	Date:
----------------	-------

Meal/Snack, Time & Place	What did you eat or drink?	How much? <i>(Tell how many slices, cups, pieces, etc.)</i>
Breakfast Time: Place:		
Snack Time: Place:		
Lunch Time: Place:		
Snack Time: Place:		
Supper Time: Place:		
Snack Time: Place:		