

TODAY'S DATE \_\_/\_\_/\_\_



**IN CASE OF  
EMERGENCY: DIAL 911**

My address is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**My Favorite  
"FREE" foods:**

Apples, Carrots, Celery, Cucumber Slices, Jolly Ranchers, Popsicles, Hunt's Lemon Pudding, \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**"NO" Foods  
for me**

Regular cheese, cow's milk, meat, diet drinks, \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Important Reminder: Drink  
your formula!**

Put an X through each



when you drink your  
formula!



## Your Diet Record:

Current Prescription:

\_\_\_\_\_ grams of \_\_\_\_\_  
(NAME OF MEDICAL FOOD OR FORMULA)

\_\_\_\_\_ grams of \_\_\_\_\_  
(NAME OF MEDICAL FOOD OR FORMULA)

\_\_\_\_\_ grams of \_\_\_\_\_  
(NAME OF MEDICAL FOOD OR FORMULA)

Total Volume: \_\_\_\_\_ ounces

Total Leu/Protein from Food:  
\_\_\_\_\_ milligrams/grams

## How much did you eat today?

Breakfast:  
\_\_\_\_\_ Leu/Pro

Snack:  
\_\_\_\_\_ Leu/Pro

Lunch:  
\_\_\_\_\_ Leu/Pro

Snack:  
\_\_\_\_\_ Leu/Pro

Dinner:  
\_\_\_\_\_ Leu/Pro

Snack:  
\_\_\_\_\_ Leu/Pro

If your child has been unable to complete his/her prescription or if they have a fever, DO NOT DRAW LEVELS, please call your RD.