

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



**IN CASE OF EMERGENCY: DIAL 911**

My address is:

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

## 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 Protein from Food:  
\_\_\_\_\_ milligrams/grams



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, \_\_\_\_\_

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

## How much did you eat today?

Breakfast:

\_\_\_\_ Pro

Lunch:

\_\_\_\_ Pro

Dinner:

\_\_\_\_ Pro

Snack:

\_\_\_\_ Pro


Snack:

\_\_\_\_ Pro

Snack:

\_\_\_\_ Pro

**Important Reminder: Drink your formula!**

Put an X through each  when you drink your

formula!



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.