

TODAY'S DATE ___/___/___



Have You Eaten
Your **RAINBOW**
Today?

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 Phe/Protein from Food:
_____ milligrams/grams

How much did you eat today?

Breakfast:
_____ Phe/Pro

Lunch:
_____ Phe/Pro

Dinner:
_____ Phe/Pro

Snack:
_____ Phe/Pro

Snack:
_____ Phe/Pro

Snack:
_____ Phe/Pro

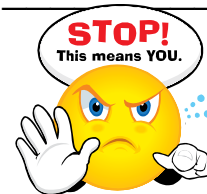
**IN CASE OF
EMERGENCY: DIAL 911**

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!



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.