Restoration Health
INTEGRATED CARE PROVIDER

Food Log

Patient Name:	
Supplements being taken, including brand names	
Current Medications (Include everything, including any over-the-counter medications along with amount and frequency.	
Exercise: Please describe in detail (How many times a week, duration and type of exercise) May also attach additional sheet or printed program from trainer	

FOR OFFICE USE ONLY		
Date Given	Date Rec'd	Coach
Recommended Supplements:		

Day 1	Date:		
Breakfast	Lunch	Dinner	Snacks/Beverages
Day 2	Date:		
Day 3	Date:		
Day 4	Date:		
Day 5	Date:		
Day 6	Date:		

When filling out your food log, please include EVERYTHING that you eat or drink. Meals, dressings and condiments used, snacks, coffee, tea, water consumed etc.