

Date: _____

Food Intake Log

Patient: _____

Meal: Breakfast

Time Began: _____ Time Ended: _____

Food Item or Liquid Intake	Amount	Requested?

Meal: SNACK

Time Began: _____ Time Ended: _____

Food Item or Liquid Intake	Amount	Requested?

Meal: Lunch

Time Began: _____ Time Ended: _____

Food Item or Liquid Intake	Amount	Requested?

COMMENTS:

TV Times:

Activities/Times:

Meal: SNACK

Time Began: _____ Time Ended: _____

Food Item or Liquid Intake	Amount	Requested?

Meal: Dinner

Time Began: _____ Time Ended: _____

Food Item or Liquid Intake	Amount	Requested?

Meal: SNACK

Time Began: _____ Time Ended: _____

Food Item or Liquid Intake	Amount	Requested?

Other requests for food through the day

Time	Requested Item:	Received?