



Daily Food Intake Record

Cobblestone Family Medicine Clinic
Partnering for Excellence in Health Care (816) 781-7400 www.cobblestonefamilymedicine.com

Name _____ DOB _____ Physician _____ Nurse _____

Date:	Breakfast Time _____	Total Carbohydrates	Lunch Time _____	Total Carbohydrates	Dinner Time _____	Total Carbohydrates
Date:	Breakfast Time _____		Lunch Time _____		Dinner Time _____	
Date:	Breakfast Time _____		Lunch Time _____		Dinner Time _____	
Date:	Breakfast Time _____		Lunch Time _____		Dinner Time _____	
Date:	Breakfast Time _____		Lunch Time _____		Dinner Time _____	
Date:	Breakfast Time _____		Lunch Time _____		Dinner Time _____	