



# Daily Food Intake Record

Clay-Platte Family Medicine Clinic, P.C.  
*Partnering for Excellence in Health Care* (816) 842-4440 [www.ClayPlatteFamily.com](http://www.ClayPlatteFamily.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 _____	
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Date:	Breakfast Time _____		Lunch Time _____		Dinner Time _____	

