



Food Intake Record

Dietitian _____ Phone: _____

Patient's name _____

Date _____ Day of the week _____

Please record food intake for _____ days.

Remember:

- Record all meals, snacks and fluid taken by your child.
- Include brand names.
- Indicate times of meals and snacks.
- Record food and fluid amounts in teaspoons, tablespoons, cups, ounces, etc.

Date	Time	Food or drink	Description (how prepared or brand name)	Amount eaten
<i>Example</i>				
7/8	8 a.m.	orange juice	from frozen concentrate	1/2 cup
		blueberry waffle	Eggo, frozen	1 whole
		margarine	soft spread, Parkay	2 tsp.
		maple syrup	homemade recipe	2 Tbsp.
		strawberries	whole	5 berries
		milk	1%	1 cup

More space on back.

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To Learn More

- Nutrition 206-987-4758
- Ask your child's healthcare provider
- www.seattlechildrens.org

Free Interpreter Services

- In the hospital, ask your child's nurse.
- From outside the hospital, call the toll-free Family Interpreting Line, 1-866-583-1527. Tell the interpreter the name or extension you need.

Seattle Children's offers interpreter services for Deaf, hard of hearing or non-English speaking patients, family members and legal representatives free of charge. Seattle Children's will make this information available in alternate formats upon request. Call the Family Resource Center at 206-987-2201.

This handout has been reviewed by clinical staff at Seattle Children's. However, your child's needs are unique. Before you act or rely upon this information, please talk with your child's healthcare provider.

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