Mt. WASHINGTON PEDIATRIC HOSPITAL: FOOD INTAKE RECORD

Directions: Please fill out the following information. Fill out three days of food records, one sheet for each day. Under the column "Amount Consumed", do not use words like "pieces", "bites" or "sips". Instead use teaspoons, tablespoons, cups, or ounces. Under "Description", include the brand name of the food if it is a pre-made/packaged item. When completed, fax to 410-578-2655.

Child's name: _____ Date & Day of Week:_____ Was child ill on this day? Y/N
Vitamin/Mineral supplements taken: _____G-Tube feedings – if applicable (name formula, feeding schedule, volume of each feeding, and water flushes): _____
_____
Formula Recipe – if applicable (*example*: 6 scoops Enfamil Lipil powder + 10 ounces water): _____
Day's intake considered: □ Typical for Child □ More than Usual □ Less than Usual _____

Time	**Place food was consumed** (home, school, restaurant, etc)	**Food, Beverages** (Meals and Snacks)		**Amount Consumed**
		Food/Beverage Item	Description (include Brand name of food)	
Example 8 am	home	cereal	Cheerios	2 TBSP
		milk	2%	1 oz