

Client Intake Diary

Date: _____

Breakfast: (food name / comment / serving size)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Morning Snack: (food name / comment / serving size)

_____	_____	_____
_____	_____	_____

Lunch: (food name / comment / serving size)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Afternoon Snack: (food name / comment / serving size)

_____	_____	_____
_____	_____	_____

Dinner: (food name / comment / serving size)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Evening Snack: (food name / comment / serving size)

_____	_____	_____
_____	_____	_____