Meal/Fluid Log

Name:

Date:

Prescribed Diet (Check all that apply. Write in "other"):

- ☐ Low sodium
- ☐ Low fat
- ☐ Low protein
- ☐ High fiber
- ☐ Renal (low in phosphorous, potassium, sodium, fluids)
- ☐ Cardiac (low fat, low cholesterol)
- ☐ Diabetic (low sugar, low fat)
- ☐ Other: _____

Targeted Intake (check N/A or write in "measure"):

Food: ☐ N/A or measure- _____(calories)

Fluids: ☐ N/A or measure-_____ (cc's)

Breakfast:

Food (type and amount) offered: _____

Food eaten: _____

Fluids offered: _____

Fluids drank: _____

initials: _____

Lunch:

Food (type and amount) offered: _____

Food eaten: _____

Fluids offered: _____

Fluids drank: _____

initials: _____

Supper:

Food (type and amount) offered: _____

Food eaten: _____

Fluids offered: _____

Fluids drank: _____

initials: _____

Snacks:

Food/fluids offered: _____

Food/fluids eaten: _____

initials: _____