

**Weekly Food Journal:**

Please record all food & drink consumed over the next 7 days. Please include:

- Food/Drink consumed (include brand if applicable)
- Quantity
- Time of day
- Mood (i.e. happy, stressed, bored, etc.)

	Breakfast	Lunch	Dinner	Snack(s)
Mon _____				
Tue _____				
Wed _____				
Thur _____				
Fri _____				
Sat _____				
Sun _____				

*Congratulations on beginning your journey to optimal health!*  
*Please bring this to our office at least 24 hours before your first Nutritional Therapy Session*  
*(you can drop it off, mail it, or fax it)*  
*Thank you for your cooperation.*