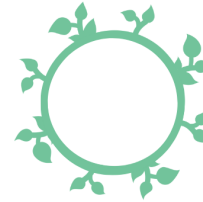


HEALTHY SELF HOLISTIC NUTRITIONIST  
**DAILY FOOD RECORD**

Chelsi Ferguson | Registered Holistic Nutritionist Halifax, Nova Scotia, Canada  
902 · 403 · 9326 Chelsi@HealthySelfNutritionist.com



Name: \_\_\_\_\_

Please record your food and drink consumption over 3-4 days and record how you feel (ie: tired, gassy, bloated, nausea, constipated, diarrhea, aching joints, etc.)

Meal	Day 1 _____	Day 2 _____	Day 3 _____	Day 4 _____
<b>Breakfast</b> Time: _____				
<b>Morning Snack</b> Time: _____				
<b>Lunch</b> Time: _____				
<b>Afternoon Snack</b> Time: _____				
<b>Dinner</b> Time: _____				
<b>Evening Snack</b> Time: _____				