

# Daily Food Record Sheet

Client name \_\_\_\_\_ Date \_\_\_\_\_

	Breakfast	Lunch	Dinner	Snack
Time ate				
What was eaten				
Time drank				
Liquids (amount)				

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Caregiver signature \_\_\_\_\_



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