|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Food Diary** | | | | |
| **Date** | | | | |
|  |  |  |  |  |
| **Breakfast** | **Calories** | **Fat (Grams)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Lunch** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Dinner** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Snack** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **Total** | **Total** |
|  |  |  |
| **Notes** |
|  | | | | |
| **Additional Information** | | | | |
|  | | | | |
| **Calories Consumed Today:** |  | **Overall Calorie Goal:** | | |
|  |  |  | | |
| **Water (8-12 glasses per day):** | | | | |
|  | | | | |

[www.FreePrintableMedicalForms.com](http://www.FreePrintableMedicalForms.com/)