



7- Day Diet Diary

Please fill in the following diet diary in as much detail as possible.

For example: Include beverages, portion size, coffee & tea (what type), if low-fat or full-fat variety, if you add sugar to beverages or cereal, spread butter to toast and sandwiches, type of oil you cook with and wholegrain or white bread/cereals/rice/pasta, and cooking method (deep fried, grilled, steamed, baked, boiled).

Personal Details:

Today's Date: _____

Name: _____

Age: _____ DOB: _____ Sex: _____

Address: _____

Phone (home): _____ (work): _____ (mobile): _____

Email: _____

Fax: _____

Day One:

Date: _____

Meal	Description
Breakfast	
Mid-morning snack	
Lunch	

Afternoon snack	
Dinner	
Dessert	

Day Two:

Date: _____

Meal	Description
Breakfast	
Mid-morning snack	
Lunch	
Afternoon snack	
Dinner	
Dessert	

Day Three:

Date: _____

Meal	Description
Breakfast	
Mid-morning snack	
Lunch	
Afternoon snack	
Dinner	
Dessert	

Day Four:

Date: _____

Meal	Description
Breakfast	
Mid-morning snack	
Lunch	
Afternoon snack	
Dinner	
Dessert	

Day Five:

Date: _____

Meal	Description
Breakfast	
Mid-morning snack	
Lunch	
Afternoon snack	
Dinner	
Dessert	

Day Six:

Date: _____

Meal	Description
Breakfast	
Mid-morning snack	

Please explain if you get these symptoms after eating any particular foods:

Have you been diagnosed with any medical conditions (eg. diabetes, asthma, irritable bowel) – explain?

Are you trying to lose weight?

Are you trying to gain weight?

- I understand that this diet and nutrition analysis is not a comprehensive full naturopathic consultation and therefore Lisa will not be able to prescribe any nutritional supplements, homoeopathic remedies or herbs to treat any medical conditions. Only dietary recommendations will be made.

[SEND MY COMPLETED DIET DIARY](#)



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