

## Food diary

Please write down the food and drink you consume over a 4 day period, indicating where possible whether the food is fresh, unprocessed, or from a can or box:

If you can, try to complete the diary for the previous 5 days, so that you do not try to make changes to your diet that do not therefore

reflect your normal eating patterns. Please ensure it is e-mailed to [naturaltherapy4me@gmail.com](mailto:naturaltherapy4me@gmail.com) at least 48 hours before your appointment.

**DAY 1 date:** \_\_\_\_\_

Breakfast: (time: \_\_\_\_\_)

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Lunch: (time: \_\_\_\_\_)

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Dinner: (time: \_\_\_\_\_)

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Snacks and drinks: (time: \_\_\_\_\_)

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**DAY 2 date:** \_\_\_\_\_

Breakfast: (time: \_\_\_\_\_)

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Lunch: (time: \_\_\_\_\_)

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Dinner: (time: \_\_\_\_\_)

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Snacks and drinks: (time: \_\_\_\_\_)

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**DAY 3 date:** \_\_\_\_\_

Breakfast: (time: \_\_\_\_\_)

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Lunch: (time: \_\_\_\_\_)

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Dinner: (time: \_\_\_\_\_)

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Snacks and drinks: (time: \_\_\_\_\_)

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**DAY 4 date:** \_\_\_\_\_  
Breakfast: (time: \_\_\_\_\_)

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Lunch: (time: \_\_\_\_\_)

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Dinner: (time: \_\_\_\_\_)

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Snacks and drinks: (time: \_\_\_\_\_)

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**DAY 5 date:** \_\_\_\_\_  
Breakfast: (time: \_\_\_\_\_)

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Lunch: (time: \_\_\_\_\_)

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Dinner: (time: \_\_\_\_\_)

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Snacks and drinks: (time: \_\_\_\_\_)

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**DAY 6 date:** \_\_\_\_\_  
Breakfast: (time: \_\_\_\_\_)

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Lunch: (time: \_\_\_\_\_)

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Dinner: (time: \_\_\_\_\_)

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Snacks and drinks: (time: \_\_\_\_\_)

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**DAY 7 date:** \_\_\_\_\_

Breakfast: (time: \_\_\_\_\_)

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Lunch: (time: \_\_\_\_\_)

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Dinner: (time: \_\_\_\_\_)

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Snacks and drinks: (time: \_\_\_\_\_)

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