

Name: <i>Patient X</i>		Location:		Date:		Body wt kgs: <i>52.6 kg</i>	
Date of birth:		Food Chart requested by:				Date recorded:	
Meal/Snack	Foods / nutritional supplements / drinks / nourishing drinks / special diets eg pureed	Amount Taken				Action and Signature	
		Portion served (SML)	Amount eaten (None, 1/4, 1/2, 3/4, All)	Fluid consumed (mls)	Fluid Output		
Breakfast Cereal Milk/Sugar Cooked items Bread/toast Spread Drinks	<i>Comflakes</i>	<i>M</i>				<i>J.P</i>	
Mid Morning Snacks Drinks	<i>tea</i>	<i>200ml</i>	<i>1/2</i>	<i>100ml</i>			
Lunch Soup Main item Potato/Rice Vegetables Pudding Drinks	<i>soup</i>	<i>M</i>	<i>All</i>			<i>J.P</i>	
	<i>chicken + veg</i>	<i>M</i>	<i>All</i>				
	<i>cake and custard</i>	<i>M</i>	<i>All</i>				
	<i>water</i>			<i>200ml</i>			
Mid Afternoon Snacks Drinks							
Dinner Soup Main item Potato/Rice Vegetables Pudding Drinks							
Supper Snacks Drinks							
Night Time Snacks Drinks	<i>milkshake</i>		<i>200ml</i>	<i>All</i>	<i>200ml</i>		
Total fluids consumed in 24 hours/Total fluid output in 24 hours							
Any other nutrition							