



Fish Creek Naturopathic Medicine
380 Canyon Meadows Dr. SE Calgary, AB
Phone: 403 271-4500 • Fax: 403 271-6500

Day: _____
What did you eat today?
Breakfast: _____
Lunch: _____
Dinner: _____
Snacks: _____
Beverages: _____
Bowels & Digestion: _____
Other: _____
Supplements: _____

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Instructions:

- Please carry this with you and fill out as the day goes by to increase accuracy.
- Keep track of foods, name of restaurant or brand name of prepared foods for each meal.
- Also track snacks and beverages including tea, coffee and water.
- Make a note of your bowel movements, gas, bloating or other digestive symptoms. Also note fatigue, energy level, attitude and hot flashes if relevant to your situation.
- You can fax this to our office at 271-6500 at the end of each week and we will prepare for your next visit.
- Contact us if you have questions, or if there is a significant change in your condition.

Patient Name: _____