

Client Name: _____

Nutrition Factory, LLC
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3 Day Food Record

To help us get a better understanding of your food preferences and eating habits, please record everything you eat and drink below for three days prior to your first nutrition visit. If weekends differ from weekdays, please include one weekend day.

Day 1

Time	Food and/or Drink	Amount

Client Name: _____

Day 2

Time	Food and/or Drink	Amount

Client Name: _____

Day 3

Time	Food and/or Drink	Amount