

Seattle Natural Health Dietary Intake

Name: _____ Date: _____ Provider: _____

Meal	Food and Drink (including water, vitamins, and Rx)	Feelings (emotional, energy, stress)	Digestion (bowel, urine, gas)	Major Activities
Meal 1				
Snack				
Meal 2				
Snack				
Meal 3				
Snack				