

## Food & Fluid Record

### Please complete for at least 3 days

Patient name:

DOB:

NHI:

Address:

Date:                      Day 1                      Day 2                      Day 3                      Day 4

Diet Requirement:    Normal meal                      Puree meal                      Other:

Meal	Food & Drinks	¼	½	¾	full	Comments / Calculations
Breakfast						
Morning tea						
Lunch:						
Dessert:						
Afternoon tea:						
Dinner:						
Supper:						