

BOYER B. COLE, N.M.D.
FOOD INFORMATION

Date / / Name _____

DO YOU EAT: (circle *)

	FREQUENTLY	INFREQUENTLY	NOT AT ALL
BEEF	*	*	*
PORK	*	*	*
LAMB	*	*	*
POULTRY	*	*	*
FISH	*	*	*
EGGS	*	*	*
MILK PRODUCTS	*	*	*
WHEAT	*	*	*
SOY	*	*	*
BEANS	*	*	*
VEGETABLES	*	*	*
ORGANIC FOODS	*	*	*
FRUITS	*	*	*
SODAS	*	*	*

HOW OFTEN DO YOU EAT OUT?

PLEASE WRITE BELOW EVERYTHING YOU HAVE HAD TO EAT AND DRINK IN ONE DAY (Please be specific, ie. not meat and bread)

BREAKFAST:

LUNCH:

DINNER:

SNACKS: