NAME:	DATE OF BIRTH:	CALORIE GOAL:	EATING CUT-OFF TIME:

Medical Weight Management-Chambersburg

NUTRITION GOAL(S):							
DAY OF THE WEEK/ DATE:							
BREAKFAST							
MORNING SNACK (OPTIONAL)							
LUNCH							
AFTERNOON SNACK (OPTIONAL)							
DINNER							
EVENING SNACK (OPTIONAL)							
WATER INTAKE							
MOODS STRESSERS TRIGGERS							
COMMENTS:							

Document the type & amount of all food & beverages that you eat or drink. Snack only as needed; up to 2-3 snacks per day. Drink EIGHT 8-fl oz glasses of WATER daily. Check off a box for each 8-fl oz glass you drink.