

# Positive Choice Integrative Wellness Center

## Integrative Medicine Consult – Water & Food History

Medical Record #: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Three Day Diet History:** Please fill out the following Diet History information below.  
Once you have completed your diary, please email to [KP-SD-IM@kp.org](mailto:KP-SD-IM@kp.org)

### WATER HISTORY

Please total the number of ounces of WATER you drink per day, for three days in a row.

Ounces of water ingested:

<b>Day 1</b>	
<b>Day 2</b>	
<b>Day 3</b>	

### FOOD HISTORY

Use the space below to provide a **detailed** diet history for three days in a row. List all foods and beverages. (An example is provided.) Attach additional pages to complete the diary.

*Food History Example:*

Date/Time	Food/Beverage	Quantity	Temperature (hot, cold, room temp)	Homemade or prepackaged?
Jan 1, 7:30am	Quaker Rolled Oats with raisins	8 oz oatmeal, 1 TBS raisins	hot	homemade
	Coffee with sugar	12 oz, 2 tsp sugar	hot	Starbucks
7:30-10am	water	16oz	cold	

Date/Time	Food/Beverage	Quantity	Temperature (hot, cold, room temp)	Homemade or prepackaged?



