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

WATER HISTORY

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

Ounces of water ingested:

Day 1	
Day 2	
Day 3	

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?

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

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

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