Birth Date:

To get the results you desire in your health and life, it is helpful to record what you are consuming. This health record will help us both to get a clearer sense of where you are right now with your nutrition intake. When you accurately fill in this journal with the information requested, I can better tailor my recommendations (nutritional and lifestyle) to meet you where you are in your life

FOOD + HEALTH JOURNAL

- Under **INPUT**, list anything you put in your body, including food, beverages, supplements, medications, cigarettes or other drugs/smoking, etc. If you have any food cravings, please list those here as well.
- Under **OTY/AMT**, list the quantity/amount of what you are putting into your body, with approximate measurements (this does not need to be exact) in cups or other indicator of serving size for food and drink, dosages of medications or supplements, etc.
- Under **ELIMINATION**, record your bowel movements and any other significant observations regarding your bowel and/or bladder elimination, such as pain, rectal or abdominal tenderness, bloating, excessive belching, heart burn, constipation, diarrhea, etc.
- Under **LIFESTYLE**, list how much sleep you got the night before (and if it was restful or disturbed, if your sleep was interrupted, list why), if you took a nap or not; exercise/movement; also note your mental and emotional state and stress level; and anything else that may be significantly impacting your health and food choices.

You may find, as many people do, that recording this additional information provides invaluable awareness to us both regarding your health and energy.

Thank you for taking the time to invest in your health as we uncover more patterns together and provide insights to help you feel better and better.

Savoring Your Health,

currently. Please include:

Summer Waters, LAc, NTP, CGP

www.SummerWaters.com

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DATE/ TIME	INPUT/ CRAVINGS	QTY/ AMT	ELIMINATION	LIFESTYLE

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DATE/ TIME	INPUT/ CRAVINGS	QTY/ AMT	ELIMINATION	LIFESTYLE

Name: Birth Date:

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