**Nature Source Care**

*- natural family medicine -*

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[www.naturesourcecare.com](http://www.naturesourcecare.com)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| time | food/beverage | amount | notes |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* record all foods/beverages consumed (including spices, oils, etc.)
* add notes regarding time, amount, any symptoms (energy level, digestion, mood, etc.)
* mark any processed foods (from a box, can, restaurant, etc.) with a star \*