

NAME _____ DATE _____

DIET

Drink _____

Breakfast _____

Lunch _____

Dinner _____

Snacks _____

Cooking oils _____

Spreads (sandwich) _____

	Never	Sometimes	Often	Comments		Never	Sometimes	Often	Comments
Water	—	—	—	_____	Salt	—	—	—	_____
Juice	—	—	—	_____	Sugar	—	—	—	_____
Meat	—	—	—	_____	Sweets	—	—	—	_____
Poultry	—	—	—	_____	Chocolate	—	—	—	_____
Fish	—	—	—	_____	Soda	—	—	—	_____
Soy	—	—	—	_____	Diet Soda	—	—	—	_____
Dairy	—	—	—	_____	Coffee	—	—	—	_____
Vegetables	—	—	—	_____	Black Tea	—	—	—	_____
Salads	—	—	—	_____	Tobacco	—	—	—	_____
					Artificial sweeteners	—	—	—	_____

Are you vegetarian? _____

Are you trying to eat low fat or low salt? _____

Are you trying to follow a particular diet? _____

Recommendation for Examination by a Physician

I, Robert V. Clickner, L.Ac., recommend to you _____,
that you be examined by a physician regarding the condition for which you are seeking treatment.

I understand this recommendation.

Patient

Date

Virginia law requires that I give this form to you if I do not have written evidence that you have received a diagnostic exam in the last six months from a licensed practitioner of medicine, osteopathy, chiropractic or podiatry regarding the condition for which you are seeking treatment. (Code of Virginia §54.1-2956.9, 18 VAC 85-110-10).

Robert V. Clickner, Licensed Acupuncturist

Date