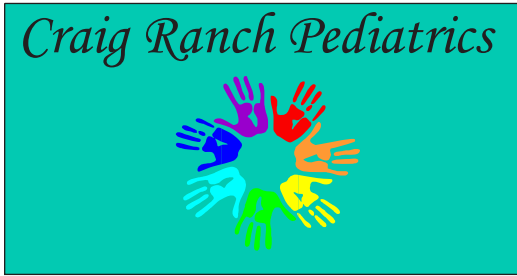


Patient Name: _____ Date of Birth: _____



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Phone (214) 383-4400 Fax (214) 383-4403

www.CraigRanchPediatrics.com

Patient Name: _____ **Date of Birth:** _____

Parent Name: _____

Exercise

What form of exercise does your child enjoy and how often do they participate in it a week?

How does your child spend their leisure time?

Food Diary

Please carefully write down everything that your child eats and drinks for 5 days. Please list what they actually ate, there is no judgment, include portion sizes (small apple, 5 Oreos, etc.).

Day 1:

Patient Name: _____ Date of Birth: _____

Day 2:

Day 3:

Day 4:

Day 5:
