

24-Hour Dietary Recall

Patient Name: _____ Today's Date: _____

This nutrition assessment tool will help me develop a nutritional intervention and help you reach your wellness-potential. Please record everything you have eaten for the last 24 hours. So I can help you in the most optimal way, please be honest and do not make any changes to your diet. ☺

Morning Meal:

Morning Snack:

Mid-Day Meal:

Mid-Day Snack:

Evening Meal:

Evening Snack:

Daily Beverages:

Medications/Supplements: _____

Exercise or Activity: _____