

Elimination Diet Reintroduction Chart

Instructions: Using our one week Reintroduction Chart, list all foods, beverages, and medications taken inside the sections labelled with 'foods', then note any symptoms you experience following consumption in the sections labelled 'symptoms'.

| | Day 1 | Day 2: | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 |
|------------------|-------|--------|-------|-------|-------|-------|-------|
| Morning foods | | | | | | | |
| Morning Symptoms | | | | | | | |
| Afternoon foods | | | | | | | |

| | | | | | | | |
|--------------------|--|--|--|--|--|--|--|
| Afternoon symptoms | | | | | | | |
| Evening foods | | | | | | | |
| Evening symptoms | | | | | | | |

Name:

Date:

Reasons for Elimination Diet:

- Leaky gut symptoms
- Appetite control
- Unknown food sensitivities
- Other (please specify):

Start of Reintroduction Phase: _____

End of Reintroduction Phase: _____

Additional Notes or Goals: