

Food Tracker

Personal Information

Name: _____

Date: _____

Starting Weight: _____

Goal Weight: _____

Health Goals: _____

Daily Food Diary

Date	Meal Type	Food and Beverage Item	Portion Size	Calories	Notes (Feelings, Cravings, etc.)
	Breakfast				
	Snack				
	Lunch				
	Snack				
	Dinner				
	Snack				

Weekly Summary

Week Ending	Average Daily Calories	Weight Change	Achievements	Challenges	Notes

Nutritional Goals

- Daily Caloric Intake: _____
- Macros (Carbs/Proteins/Fats): _____
- Water Intake: _____
- Specific Dietary Goals (e.g., sugar reduction, increase fiber): _____

Physical Activity Log

Date	Activity Type	Duration	Intensity	Notes

Reflection and Adjustments

Weekly Reflections:

Adjustments for Next Week:

Healthcare Provider's Notes

Recommendations:

Next Appointment: _____

Patient Acknowledgment

I have reviewed my food tracker and understand the importance of maintaining a balanced diet and regular physical activity for my health.

Signature: _____ Date: _____