FOOD RECORD

Please fill out for 3 days.
Include all foods and liquids taken orally
and if applicable Gastrostomy (GT) feeding.

Name:_________________________________ Present Weight____________________________
Date:__________________________________ Present Height_____________________________

<table>
<thead>
<tr>
<th>Time of Day</th>
<th>Type of Food: Please list all parts of meal.</th>
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<td>How long did it take to eat each meal/snack</td>
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