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Dietary Profile

I typically consume:

- | | |
|---|--|
| _____ cups of coffee or caffeinated beverages per day | _____ servings fruit/vegetables per day |
| _____ glasses of water per day | _____ pieces bread/rolls per day |
| _____ servings snack chips per day | _____ servings cereal/waffles/pancakes per day |
| _____ servings red meat per day | _____ servings other meat per day |
| _____ cigarettes per day | _____ servings candy per day |
| _____ servings sugar in any form per day | _____ servings nuts/seeds per day |
| _____ servings nut butter per day | _____ energy drinks per day |
| _____ servings processed food or fast food per day | _____ servings rice or pasta per day |

My typical breakfasts include: _____

My typical lunches include: _____

My typical dinners include: _____

My typical snacks include: _____

Please describe the number of and consistency of your bowel movements each day: _____

My current dietary concerns: _____

My current dietary goals: _____

Other: _____
