

A Lexington Medical Center Physician Practice

Daily Food Diary

Date: _____

	Food and Drinks	Calories	Fat (g)	Protein (g)	Carbs (g)	Sugar (g)
Breakfast						
TOTALS:						
Morning Snack						
Lunch						
TOTALS:						
Afternoon Snack						
Dinner						
TOTALS:						
TOTAL FOR THE DAY:						