

Lowey Chiropractic Wellness Centre

Food Log

169 Route 6A, PO Box 2160, Orleans, MA 02653 (508)255-5866

Name: _____ Date Started: _____

** Please keep a food log for 7 days. Do not change what you normally eat, we want a true representative of your dietary habits. Be sure to list all beverages you drink as well - water, juice, milk, coffee, tea, alcohol, etc.

Recommendations:

Day: S M T W Th F S

Breakfast

Lunch

Dinner

Snacks

Day: S M T W Th F S

Breakfast

Lunch

Dinner

Snacks

Day: S M T W Th F S

Breakfast

Lunch

Dinner

Snacks

Day: S M T W Th F S

Breakfast

Lunch

Dinner

Snacks

Day: S M T W Th F S

Breakfast

Lunch

Dinner

Snacks

Day: S M T W Th F S

Breakfast

Lunch

Dinner

Snacks

Day: S M T W Th F S

Breakfast

Lunch

Dinner

Snacks
