

Food Record Chart

Department of Nutrition and Dietetics

Ward..... Patient's name:
 Date Started..... Hospital Number:
 Special Diet (if any): DOB:
 Ward/Location:

Please Remember:

1. Write down everything eaten by the patient at meal times and also include all snacks of biscuits, fruit, sweets etc
2. Record the amount and type of food offered. Please use handy measures such as slices, scoops, teaspoons etc
3. Record the amount eaten as Nil, 1/4, 1/2, 3/4 or All of that offered

Meal	Description of food and portion offered	Amount of portion eaten					Completed by
		Nil	1/4 or less	1/2	3/4	All	
Lunch	2 slices chicken 2 scoops mash potato 1 tbsp vegetables			✓	✓	✓	SM (Initials)

Date.....

Day 1

Meal	Description of food and portion offered	Amount of portion eaten					Completed by
		Nil	1/4 or less	1/2	3/4	All	
Breakfast							
Mid am snacks and supplements							
Lunch							
Mid pm snacks and supplements							
Supper							
Evening snacks and supplements							
Notes							

Day 2

Meal	Description of food and portion offered	Amount of portion eaten					Completed by
		Nil	¼ or less	½	¾	All	
Breakfast							
Mid am snacks and supplements							
Lunch							
Mid pm snacks and supplements							
Supper							
Evening snacks and supplements							
Notes							

Day 3

Meal	Description of food and portion offered	Amount of portion eaten					Completed by
		Nil	¼ or less	½	¾	All	
Breakfast							
Mid am snacks and supplements							
Lunch							
Mid pm snacks and supplements							
Supper							
Evening snacks and supplements							
Notes							

After 3 Days either ESCALATE care (refer to Dietitian) , Discontinue (use in conjunction with the Nutritional Risk Screening Tool), or Continue (start new form)