

Pink Hill Chiropractic Nutritional Worksheet

1. Keep a two week food journal...This includes all food, beverages, mints, gum. Anything that goes into your mouth is to be document. Do not fudge or alter your typical eating choices for the most accurate results. Note foods that are from restaurants with an '*’.
2. Document in the journal at what times you eat and drink. Include all meals, snacks, and beverages.
3. Note within your journal adverse feelings (depressed, headache, stomachache, nausea, etc).
4. Write down all supplements, vitamins and medications (including topical) that you are currently taking. Please include which are physician prescribed and which physician did the prescribing.
5. Please note any food allergies you have or think you have.

Week 1	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time Eaten and Food							
Adverse Feelings							

Week 2	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time Eaten and Food							
Adverse Feelings							

Patient Name: _____

Date: _____

Patient Signature: _____

Doctor Signature: _____

****Please note the fee for this service involves 30 minute consultation for \$30. For every 15 minutes over an addition \$30 is added. This may not be covered by your health insurance plan. Payment is to be made prior to the visit and reimbursement from your health insurance plan will be directed to you.**