

# UHN Bariatric Surgery Program

Nutrition Assessment – Food Records

Fax: 416 603 5142

Name: \_\_\_\_\_ Dietitian: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

	Name of food	What is in it?	How much?
Breakfast Time:			
Morning snack Time:			
Lunch Time:			
Afternoon snack Time:			
Dinner Time:			
Evening snack Time:			
How did I feel today?			
Supplements?			