

## Daily Calorie Intake - Service User Nutrition

Service User: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

DATE:			DATE:		
MEAL	FOODS CONSUMED	CALORIE INTAKE	MEAL	FOODS CONSUMED	CALORIE INTAKE
Breakfast			Breakfast		
Mid-morning Snack			Mid-morning Snack		
Lunch			Lunch		
Afternoon Tea / Cake			Afternoon Tea / Cake		
Dinner			Dinner		
Late Night Drinks / Supper			Late Night Drinks / Supper		
<b>TOTAL DAILY CALORIE INTAKE:</b>			<b>TOTAL DAILY CALORIE INTAKE:</b>		
Signature: _____			Name (PRINT): _____		Date: _____