

Food & Symptom Journal



Practitioner: Lynne Faires, RHN

Date Logged: 2018-02-07

Client: Sean Seale 2

of Meals: 4 Meals

Meals

Meal 1: 06:30 Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud

Meal 2: 12:30 Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud

Meal 3: 18:00 Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud

Meal 4: 22:00 Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud

Meal 5:

Meal 6:

Meal 7:

Meal 8:

Mood & Symptoms

Did you notice any food-related symptoms today? Please describe

Brain fog after lunch. Hard to sleep after the 10pm coffee

Overall Mood: 4/5

Additional Information

What did you struggle with the most regarding your food intake today?

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Do you feel like some of your food choices were influenced by other people and/or circumstances today? Please explain

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Did you feel any improvements in mood/symptoms today compared to previous days? Please describe

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