

# Intake Diary

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

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

E-mail Address: \_\_\_\_\_

Please be sure to list everything you have eaten or drank, even if just sips. Be as descriptive as possible including brand name if known, how prepared, as well as quantity of food or drink consumed. Remember that the diet analysis can only be as accurate as the information given.

**Breakfast:** (food name / comment / serving size)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Morning Snack:** (food name / comment / serving size)

_____	_____	_____
_____	_____	_____

**Lunch:** (food name / comment / serving size)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Afternoon Snack:** (food name / comment / serving size)

_____	_____	_____
_____	_____	_____

**Dinner:** (food name / comment / serving size)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Evening Snack:** (food name / comment / serving size)

_____	_____	_____
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1. Print off this form and complete it. Please be as detailed as possible to ensure accuracy. Print additional pages as needed per option purchased. For assistance with this form, please call at (317) 627-2133 or e-mail me at the address below.
  2. Mail, email or fax this completed form to the below location.
  3. Once received, your order will be processed and you will be sent your detailed report as specified in option purchased. All work will be returned within 5 business days, but generally much sooner. All information collected is kept confidential and will not be shared.

Mail to: Teresa A. Tuchek M.A., R.D., C.D.  
6750 Graybrook Drive  
Indianapolis, IN 46237

Or

E-mail to: [ttuchek@comcast.net](mailto:ttuchek@comcast.net)

Or

FAX to: (317) 788-7878