

**Student Health Services**  
**The Ohio State University**  
 1875 Millikin Road  
 Columbus, OH 43210

Last	First	MI
MRN		
(Place patient label here)		

Patient Name \_\_\_\_\_

**Instructions: Please document everything you eat and drink for 3 days. Comments can include explanations, thoughts, feelings, questions, and/or schedule. Tracking of activities and/or exercise is also noteworthy. Bring this log to your first appointment with the dietitian.**

Date	Time	Food or Beverage with Amount	Activity with Duration	Comments
____ / ____ / ____ <small>Month Day Year</small>				
____ / ____ / ____ <small>Month Day Year</small>				
____ / ____ / ____ <small>Month Day Year</small>				

Dietitian Comments \_\_\_\_\_

Dietitian Signature \_\_\_\_\_ Date \_\_\_\_\_