

**NDSU Student Health Service  
Dietitian Consultation Appointment  
Meal Tracking Form**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student ID # \_\_\_\_\_ Appointment Date: \_\_\_\_\_

Please record all food and beverages you consumed for the day prior to your Dietitian Appointment in the chart below. Include all snacks, desserts, candies, and drinks. Estimate portion sizes (1 cup, 1 piece, 1 handful, etc).  
***Bring this completed form with you to your appointment.***

Meal or Snack		Amount:	Time:	Place:
<b>Breakfast (Meal 1)</b>	Food			
	Drink			
<b>Snack</b>	Food			
	Drink			
<b>Lunch (Meal 2)</b>	Food			
	Drink			
<b>Snack</b>	Food			
	Drink			
<b>Dinner (Meal 3)</b>	Food			
	Drink			
<b>Snack</b>	Food			
	Drink			
<b>Other</b>	Food			
	Drink			

**Is this a typical day for you?**

- Yes
- No - If no, how does it differ from a more typical eating day? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_