Doctor's Weight Control

Daily Calorie and Fat Intake For: Phone (352) 243-5673

Patient Name:_____

Date:_____
Day : _____

Physical Activity(s) _____

Activity Type: _____

Time Spent:_____

Time:	Food/ Beverages:	Amount:	Calories:	Fat Grams:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Daily Fat Gram Allowance: _____

Over (+) / Under (-) _____

Total Calories _____ Total Fat_____

Date:_____
Day : _____

Physical Activity(s) _____

Activity Type: _____

Time Spent:_____

Time:	Food/ Beverages:	Amount:	Calories:	Fat Grams:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Daily Fat Gram Allowance: _____

Over (+) / Under (-) _____

Total Calories _____ Total Fat_____