



Acupuncture Clinic LLC
 Mark Abelle L.Ac.
 581 E. Main, Ashland, OR 97520

Food Inventory

From: _____

Patient: _____ Date: _____

To: _____

Weight at Beginning of Week: _____ lbs. Weight at End of Week: _____ lbs.

Please list all foods and beverages consumed each day.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning Meal							
Noon Meal							
Evening Meal							
In Between and Bedtime Snacks							