

(Attach Label here or Complete Details)

NAME: \_\_\_\_\_ NHI: \_\_\_\_\_

GENDER: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ WARD: \_\_\_\_\_

## Food and Fluid Chart

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

Please record **ALL** food and drink consumed, including oral nutritional supplements.  
Please tick the 'amount eaten' which best describes the amount eaten and drunk.

Time	Food & Fluid Description (include supplement drinks)	Amount Eaten					Dietitian Use	
		All	$\frac{3}{4}$	$\frac{1}{2}$	$\frac{1}{4}$	None	kcal	Protein
	<b>Breakfast</b>							
	<b>Morning Tea</b>							
	<b>Lunch</b>							
	<b>Afternoon Tea</b>							
	<b>Dinner</b>							
	<b>Supper</b>							

FOOD AND FLUID CHART C280046

(Attach Label here or Complete Details)

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GENDER: \_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_ WARD: \_\_\_\_\_

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