


Queensland Health Dietitian/ Nutritionist	Patient Label  Queensland Government
DO NOT FILE: RETAIN FOR DIETITIAN	
Food and Fluid Consumption Chart	
Day & Date: _____	

Breakfast	Please record name of food/drink	(please circle)					Comment	Pro	kJ
Cereal		None	¼	½	¾	All			
Milk		None	¼	½	¾	All			
Yoghurt		None	¼	½	¾	All			
Hot breakfast		None	¼	½	¾	All			
Bread		None	¼	½	¾	All			
Fruit		None	¼	½	¾	All			
Juice/tea/coffee		None	¼	½	¾	All			
Supplement		None	¼	½	¾	All			
Morning Tea	Please record name of food/drink								
Snack		None	¼	½	¾	All			
Supplement		None	¼	½	¾	All			
Juice/tea/coffee		None	¼	½	¾	All			
Lunch	Please record name of food/drink								
Soup		None	¼	½	¾	All			
Meat/protein		None	¼	½	¾	All			
Potato/rice		None	¼	½	¾	All			
Vegies/salad		None	¼	½	¾	All			
Sandwich		None	¼	½	¾	All			
Bread		None	¼	½	¾	All			
Fruit		None	¼	½	¾	All			
Dessert		None	¼	½	¾	All			
Supplement		None	¼	½	¾	All			
Juice/tea/coffee		None	¼	½	¾	All			
Afternoon Tea	Please record name of food/drink								
Snack		None	¼	½	¾	All			
Supplement		None	¼	½	¾	All			
Juice/tea/coffee		None	¼	½	¾	All			
Dinner	Please record name of food/drink								
Soup		None	¼	½	¾	All			
Meat/protein		None	¼	½	¾	All			
Potato/rice		None	¼	½	¾	All			
Vegies/salad		None	¼	½	¾	All			
Sandwich		None	¼	½	¾	All			
Bread		None	¼	½	¾	All			
Fruit		None	¼	½	¾	All			
Dessert		None	¼	½	¾	All			
Supplement		None	¼	½	¾	All			
Juice/tea/coffee		None	¼	½	¾	All			
Supper	Please record name of food/drink								
Snack		None	¼	½	¾	All			
Supplement		None	¼	½	¾	All			
Tea/coffee/other		None	¼	½	¾	All			

Food items in bold are high protein/energy – encourage intake

Start date: _____ Finish date: _____ Commenced by: _____


Queensland Health Dietitian/ Nutritionists

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