

**HAZELDENE HOUSE
FOOD INTAKE RECORD**

RESIDENTS NAME _____ **ROOM N°** _____
DATE _____

| Description & amount of food offered (Bowl, slice, scoop, tbsp.) | | Quantities Eaten | | | | | | Reason for poor intake |
|--|--|------------------|-----|-----|-----|-----|-----|------------------------|
| | | None | Tsp | 1/4 | 1/2 | 3/4 | All | |
| BREAKFAST | | | | | | | | |
| Time: | | | | | | | | |
| Supplement | | | | | | | | |
| Print Name: | | Signature: | | | | | | |
| MID-MORNING | | | | | | | | |
| Time: | | | | | | | | |
| Supplement | | | | | | | | |
| Print Name: | | Signature: | | | | | | |
| LUNCH | | | | | | | | |
| Time: | | | | | | | | |
| Supplement | | | | | | | | |
| Print Name: | | Signature: | | | | | | |
| MID-AFTERNOON | | | | | | | | |
| Time: | | | | | | | | |
| Supplement | | | | | | | | |
| Print Name: | | Signature: | | | | | | |
| TEA | | | | | | | | |
| Time: | | | | | | | | |
| Supplement | | | | | | | | |
| Print Name: | | Signature: | | | | | | |
| SUPPER | | | | | | | | |
| Time: | | | | | | | | |
| Supplement | | | | | | | | |
| Print Name: | | Signature: | | | | | | |
| NIGHT | | | | | | | | |
| Time: | | | | | | | | |
| Supplement | | | | | | | | |
| Print Name: | | Signature: | | | | | | |