



## **INSTRUCTIONS FOR FOOD DIARY**

1. **EACH MORNING** record the date and time.
2. **RECORD ALL** of the food and drinks you/your child has eaten/drunk on each day in the following order:
  - a. Breakfast
  - b. Morning snack
  - c. Lunch
  - d. Afternoon snack
  - e. Dinner
  - f. Evening snack
3. **RECORD ALL** items in detail and be specific:
  - a. Type of cereal (fruit loops, special k strawberry, rice krispies, etc..)
  - b. Flavor and brand of ice cream
  - c. All condiments
  - d. BRING IN a photocopy of ingredients in the processed foods
  - e. BRING IN a list of all ingredients in recipes made at home
4. **RECORD ALL** symptoms including:
  - a. Stomach aches
  - b. Vomiting
  - c. Diarrhea, constipation
  - d. Food refusal
  - e. Rashes
  - f. Hives
  - g. Itchiness
  - h. Nighttime awakening, etc.
5. **PLEASE WRITE THE TIME OF DAY THE SYMPTOM OCCURS AND PLACE IN THE CORRECT CHRONOLOGICAL ORDER.**

Please have food diary **ARRIVE (1) ONE WEEK PRIOR** to your/your child's appointment. This will allow proper time for the physician to review. Please **FAX OR HAND DELIVER** a copy to the office. If mailing, please allow enough time to meet the (1) week time frame.

**\*IF YOU DO NOT BRING IN THE DIARY (1) ONE WEEK AHEAD OF TIME, IT MAY RESULT IN DELAY OF TESTING AND/OR CANCELLATION OF YOU/YOUR CHILD'S APPOINTMENT.**