



NATURAL SOLUTIONS

Susan L. Levy, D.C., DABCO, FIACA

Clinical Kinesiology

Acupuncture & Holistic Health Care

YourBodyCanTalk@Gmail.com • 719-660-4817 • 866-212-1407 • www.YourBodyCanTalk.com

Patient's Name: _____

Date: from _____ to _____

Patient's Daily Diet Report

(Be sure to list all foods and beverages consumed each day of this Diet Report.)

	1st Day	2nd Day	3rd Day	4th Day	5th Day	6th Day	7th Day
Morning Meal							
Noon Meal							
Evening Meal							
Foods and Beverages Used at Other Times							



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Patient's Name: _____

Date: from _____ to _____

Patient's Daily Diet Report

(Be *sure* to list all foods and beverages consumed each day of this Diet Report.)

	8th Day	9th Day	10th Day	11th Day	12th Day	13th Day	14th Day
Morning Meal							
Noon Meal							
Evening Meal							
Foods and Beverages Used at Other Times							