

RICHMOND HILL NATUROPATHIC CLINIC

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PATIENT NAME:	START DATE:			

*Be sure to include approximate portions
* In "Comments" include symptoms such as headaches, stomach upset, sleeplessness etc., experienced that day

III Comments II	MONDAY	TUESDAY	WEDNESDAY	ess etc., experienced THURSDAY	FRIDAY	SATURDAY	SUNDAY
DDEATEROR	MUNDAI	IUESDAI	WEDNESDAY	IIIUKSDAI	FRIDAI	SATURDAT	SUNDAI
BREAKFAST							
LUNCH							
Lemen							
DINNER							
SNACKS							
TAYARRED (! 1							
WATER (circle	1 2 3 4 5 6 7 8		1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
# of glasses)	9 10 11 12	9 10 11 12	9 10 11 12	9 10 11 12	9 10 11 12	9 10 11 12	9 10 11 12
# BOWEL							
MOVEMENT(s)	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
				Ŭ .			
ENERGY / 10							
(10=most	/ 10	/ 10	/ 10	/ 10	/ 10	/ 10	/ 10
	/ 10	/ 10	/ 10	/ 10	/ 10	/ 10	/ 10
energy)							
COMMENTS							
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