

Medicap Pharmacy Health and Wellness

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Monday – Friday 9AM – 7PM
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 Closed Sunday
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 Lauren Barbrey, L.Ac

Food Diary for _____

For four consecutive days, please list all foods you ate or drank, the number of bowel movements that day, the number of ounces of water you drank, and the number of hours you slept.

Day 1 _____ # BM _____ Oz of Water _____ Hrs Slept _____

Breakfast	Mid-AM	Lunch	Mid-PM	Dinner	Evening

Day 2 _____ # BM _____ Oz of Water _____ Hrs Slept _____

Breakfast	Mid-AM	Lunch	Mid-PM	Dinner	Evening

Day 3 _____ # BM _____ Oz of Water _____ Hrs Slept _____

Breakfast	Mid-AM	Lunch	Mid-PM	Dinner	Evening

Day 4 _____ # BM _____ Oz of Water _____ Hrs Slept _____

Breakfast	Mid-AM	Lunch	Mid-PM	Dinner	Evening