

RECORD OF FOOD & FLUID INTAKE

MEAL	Food offered (please include both food and fluids)	How is this fortified?	Refused	Number of spoons eaten	Eaten half	Eaten all
Breakfast						
Mid- morning						
Lunch						
Mid- afternoon						
Evening meal						
Supper						
Late evening						
Overnight						

Patients Name:

D.O.B:

NHS Number: