

Food & Fluid Intake Record

Month: _____

Year: _____

Date		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Meals	Bkft %																															
	Lunch %																															
	Dinner%																															
Meal Flds	Bkft mL																															
	Lunch mL																															
	Dinner mL																															
Snack	AM %																															
	PM %																															
	HS %																															
Snack Flds	AM mL																															
	PM mL																															
	HS mL																															
Other Fluids																																
7-3	Meds mL																															
	Room mL																															
	Supp/other																															
3-11	Meds mL																															
	Room mL																															
	Supp/other																															
11-7	Meds mL																															
	Room mL																															
	Supp/other																															
Activities mL																																
24 Hour Fld Total																																
7-3	Output																															
3-11	Output																															
11-7	Output																															
24 Hour Fld To																																

Fluid Restriction: Yes, amount per 24 hours _____ mL

Resident: _____

Room: _____

Med Record: _____