


<p>The University of Kansas Physicians 4000 Cambridge St., MS 1017 Kansas City, KS 66160</p> <p><b>INTEGRATIVE MEDICINE</b> Diet Diary</p>		<p>Name: _____</p> <p>DOB: _____</p> <p>MR# _____</p>
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Date/Time	Location/Activity	Food or Beverage Consumed	Amount (Cup,etc)	Mood	Symptoms

Was this a typical day for you? Yes  No  If no, why not:

Reviewed by \_\_\_\_\_ Date/Time \_\_\_\_\_