Т

<b>Canterbury</b>
District Health Board
Te Poari Hauora ō Waitaha

(Attach Label here or Complete Details)							
NAME:				NHI:			
GENDER:	DOB:	AGE:	WARD:_				

## **Food and Fluid Chart**

Date: _			

Please record **ALL** food and drink consumed, including oral nutritional supplements. Please tick the 'amount eaten' which best describes the amount eaten and drunk.

Time	Food & Fluid Description (include supplement drinks)		Amount Eaten				Dietitian Use		
	, and approximation	All	3/4	1/2	1/4	None	kcal	Protein	
	Breakfast								
	Morning Tea								
	Lunch								
	Afternoon Tea								
	/ittoriiooii rou								
	Dinner								
	Diffici								
	Cumman								
	Supper								

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