

Food Calorie Chart

PATIENT INFORMATION

Name: _____ Age: _____

Gender: _____ Weight: _____

Height: _____ Activity Level: _____

Daily Calorie Goal: _____

Apple - Servings Eaten: _____ Banana - Servings Eaten: _____

Grapes - Servings Eaten: _____ Orange - Servings Eaten: _____

Strawberry - Servings Eaten: _____ Blueberries - Servings Eaten: _____

Mango - Servings Eaten: _____ Pineapple - Servings Eaten: _____

Peach - Servings Eaten: _____ Avocado - Servings Eaten: _____

Broccoli - Servings Eaten: _____ Carrots - Servings Eaten: _____

Spinach - Servings Eaten: _____ Tomato - Servings Eaten: _____

Bell Pepper - Servings Eaten: _____ Cucumber - Servings Eaten: _____