Epidermolysis Bullosa Center

Intake Food Record

Name: _____ Appetite Assessment: _____ typical
_____ more than usual
Day/Date: _____/_____ _____ less than usual

Vitamin or Mineral Supplement (include brand and or dose): _____

Herbal Supplement (include brand and or dose): _____

TIME	*FOOD/BEVERAGE*	*BRAND NAME / HOW PREPARED*	*AMOUNT EATEN*