

**HARPWOOD CARE HOME
FOOD INTAKE RECORD**

RESIDENTS NAME _____ ROOM N^o _____

DATE _____

Description & amount of food offered (Bowl, slice, scoop, tbsp.)		Quantities Eaten						Reason for poor intake
		None	Tsp	1/4	1/2	3/4	All	
BREAKFAST								
Time:								
Supplement								
Print Name:		Signature:						
MID-MORNING								
Time:								
Supplement								
Print Name:		Signature:						
LUNCH								
Time:								
Supplement								
Print Name:		Signature:						
MID-AFTERNOON								
Time:								
Supplement								
Print Name:		Signature:						
TEA								
Time:								
Supplement								
Print Name:		Signature:						
SUPPER								
Time:								
Supplement								
Print Name:		Signature:						
NIGHT								
Time:								
Supplement								
Print Name:		Signature:						