

BASELINE DIARY

Patient Name	Date of Birth	MRN
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BEFORE YOUR FIRST VISIT, please complete this food and activity diary completely. This baseline information will help us develop a plan specific to your needs and goals.

Day One	Day Two	Day Three	Weekend
Breakfast	Breakfast	Breakfast	Breakfast
Lunch	Lunch	Lunch	Lunch
Dinner	Dinner	Dinner	Dinner
Drinks	Drinks	Drinks	Drinks
Snacks	Snacks	Snacks	Snacks
Happiness Rating 1 2 3 4 5 6 7 8 9 10 ☹️ 😊	Happiness Rating 1 2 3 4 5 6 7 8 9 10 ☹️ 😊	Happiness Rating 1 2 3 4 5 6 7 8 9 10 ☹️ 😊	Happiness Rating 1 2 3 4 5 6 7 8 9 10 ☹️ 😊
Exercise	Exercise	Exercise	Exercise

Appointment Date:



**WILDWOOD
FAMILY CLINIC, S.C.**

"HEALTHCARE FOR ALL AGES"