



# The Emily Program

The eating disorder specialists

## Food Record



The Emily Program

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Su M T W Th F Sa

Food Record

Goal for Today:

Time	Food Item	Portion	PR	GR	VG	FR	FT	ML	DS	Other	Symptoms	Exercise*	Thoughts/Feelings
		INTAKE											
		GOAL											

\*Kind of exercise, length, HR





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