

Practitioner Details

FOOD SENSITIVITY TRACKER

Patient Name **Date**



How did you sleep last night? (circle)

Slept through Restless Trouble falling asleep Woke once Woke multiple times Woke early and couldn't get back to sleep

How refreshed did you feel when you woke this morning?

/ 10

(1 = exhausted, 10 = very refreshed)

How many times did you pass stool today?

/

Where are you in your menstrual cycle (if applicable):

/



DIET TRACKER

	Breakfast	Morning Tea	Lunch	Afternoon Tea	Dinner	Supper	General symptoms throughout the day
Include all ingredients in each meal or brand e.g. "x" brand pasta sauce. Include any drinks e.g. coffee with full cream milk and 2 sugars							



SYMPTOM TRACKER (tick all appropriate)

Cardiovascular/ Circulatory	Fluid retention							
	Swollen hands/ arms/ legs/ankles							
	Heart palpitations							
	Other							
Concentration/ Energy	Restless							
	Hyperactive							
	Sleepy							
	Lethargic							
	Foggy brain							
	Lack of focus/ concentration							
	Other							
Digestive	Bloating							
	Gas							
	Indigestion							
	Abdominal pain							
	Feeling of fullness (uncomfortable)							
	Burping							
	Nausea							
	Vomiting							



		Breakfast	Morning Tea	Lunch	Afternoon Tea	Dinner	Supper	General symptoms throughout the day
Digestive	Reflux/heart burn							
	Diarrhea							
	Constipation							
	Other							
Endocrine	Light headed							
	Dizzy							
	Migraine							
	Shaky							
	Other							
Mood	Feeling down/ depressed							
	Anxious							
	Nervous							
	Teary							
	Moody							
	Agitated							
	Angry							
	Other							
Musculoskeletal	Muscular aches							
	Joint pain							
	Feeling weak							
	Muscular cramps							
	Headache							
	Other							
Immune	Wheezing							
	Coughing							
	Sneezing							
	Runny nose							
	Itchy nose							
	Congested nose							
	Asthma							
	Puffy/itchy eyes							
	Other							
Skin	Rash							
	Eczema flare							
	Itching (without rash)							
	Hives							
	Acne flare							
	Pimples							
	Other							
Urinary/ Reproductive	UTI							
	Burning urination							
	PMS							
	Period pain							
	Thrush							
	Other							