

DAILY DIET AND MEDICATION FORM



1.Date : _____

2.Name of the Patient : _____

3.Name of the Father/Mother _____

4.Email: _____

5.Mobile : _____

6.Whatsapp Number: (Mandatory To Provide): _____

7. Profession: _____

8.Date of Birth: ____/____/ _____

Gender: _____

9.ADDRESS (with PINCODE) IN CAPITAL LETTERS FOR CORRESPONDENCE

10.Weight: _____

11.Height: _____

12.Pulse Rate: _____

13.B.P: _____

14.Name of the Medical Condition / Diabetes/Hypertension etc : _____

For how long have you been suffering from Diabetes/ Hypertension: _____

HbA1c: _____

Blood Sugar level (Fasting) : _____

Blood sugar Level (PP) : _____

Date of the Test: _____

If you are type 1 or Insulin dependent patient please provide your last 1 month sugar readings and Insulin dosage in a separate sheet.

15. If you have high cholesterol level please fill the info below :

Total Cholesterol _____

HDL _____

LDL _____

TG _____

Date of the test: _____

Any other Allergy / Medical Condition _____

Physical-Activity: Morning:* _____

walk in the park/ lawn/yoga/aerobics/swimming /walk the dog/household chores/workout in the gym/
gardening/walk to drop the child to school bus/temple/grocery stores

Afternoon:* _____

kitchen work/ post lunch walk/ Evening walk /park/ lawn/yoga/aerobics/swimming/any other sport/walk the
dog/household chores/yoga

Evening and Night :* _____

After dinner walk in the park/ lawn/yoga/aerobics/swimming/any other sport/walk the dog/house hold chores

Sleep Pattern :*

· Wake up time _____ Sleeping time at night: _____

· Regular/disturbed sleep during night _____

· Day time nap (Time and duration) Morning and evening : _____

Your Daily Diet:

Early morning, the first thing you eat/drink _____

For example medicine/a glass of warm water/ honey and lemon with water, or tea or coffee or fruit juice or other

Breakfast _____

For example : Parantha with curd or achar/ sabji chapatti/bread butter/omelets/ boiled eggs sprouts/soaked dry fruits /idli/dosa/vada / fruit juice/ whole fruit like banana, orange etc.).

10 a.m-12 noon:* (Mid-morning Snacks)

For example: biscuits/water/tea/coffee/herbal tea/juice /fruits/tea/snack any other eatable

Lunch :* _____

For example : Rice/dal/chapatti/sabji/salad/curd/pickle/ papad /sweet dish/non veg item any- thing else

4Pm - 7p.m:* (Evening Snacks)

For Example : tea/coffee/samosa/kachori/snack/bread/other refreshment/ water /medicine /fruits, pizza /soup/any other eatable.

8 p.m - 10p.m:* (Dinner) _____

For example: Rice/Dal/chapatti/sabji/non-veg/ sweet dish/ fruits / vegetables /salad/dry fruits anything else any medicine after dinner

Late night snack : _____

water/any other eatable that you take before retiring to bed.

MEDICATION AND DOSAGE CHART

DISEASE /MEDICAL CONDITION	MEDICATION / INSULIN TAKEN	MORNING TIME & DOSE	Afternoon Time & Dose	Evening Time & Dose	Night Time & Dose	Before Sleep Dose

Important Note: Please Provide Pictures of the Medications Taken By You Along With This Form

Signature