

**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
<p>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</p>							



**SYMPTOM TRACKER** (tick all appropriate)

<b>Cardiovascular/ Circulatory</b>	Fluid retention							
	Swollen hands/ arms/ legs/ankles							
	Heart palpitations							
	Other							
<b>Concentration/ Energy</b>	Restless							
	Hyperactive							
	Sleepy							
	Lethargic							
	Foggy brain							
	Lack of focus/ concentration							
	Other							
<b>Digestive</b>	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
<b>Digestive</b>	Reflux/heart burn							
	Diarrhea							
	Constipation							
	Other							
<b>Endocrine</b>	Light headed							
	Dizzy							
	Migraine							
	Shaky							
	Other							
<b>Mood</b>	Feeling down/ depressed							
	Anxious							
	Nervous							
	Teary							
	Moody							
	Agitated							
	Angry							
	Other							
<b>Musculoskeletal</b>	Muscular aches							
	Joint pain							
	Feeling weak							
	Muscular cramps							
	Headache							
	Other							
<b>Immune</b>	Wheezing							
	Coughing							
	Sneezing							
	Runny nose							
	Itchy nose							
	Congested nose							
	Asthma							
	Puffy/itchy eyes							
	Other							
<b>Skin</b>	Rash							
	Eczema flare							
	Itching (without rash)							
	Hives							
	Acne flare							
	Pimples							
	Other							
<b>Urinary/ Reproductive</b>	UTI							
	Burning urination							
	PMS							
	Period pain							
	Thrush							
	Other							