

**HAWKINGE HOUSE  
FOOD INTAKE RECORD**

RESIDENTS NAME \_\_\_\_\_ ROOM N° \_\_\_\_\_

DATE \_\_\_\_\_

Description & amount of food offered (Bowl, slice, scoop, tbsp.)		Quantities Eaten						Reason for poor intake
		None	Tsp	1/4	1/2	3/4	All	
<b>BREAKFAST</b>								
Time:								
Supplement								
Print Name:		Signature:						
<b>MID-MORNING</b>								
Time:								
Supplement								
Print Name:		Signature:						
<b>LUNCH</b>								
Time:								
Supplement								
Print Name:		Signature:						
<b>MID-AFTERNOON</b>								
Time:								
Supplement								
Print Name:		Signature:						
<b>TEA</b>								
Time:								
Supplement								
Print Name:		Signature:						
<b>SUPPER</b>								
Time:								
Supplement								
Print Name:		Signature:						
<b>NIGHT</b>								
Time:								
Supplement								
Print Name:		Signature:						