T THOMAS IN THE REAL PROPERTY INTO THE REAL PROPERTY IN		DIET ACTIVITY REPORT Client:			ay of Week:		Start Date: Today (M/D/Y):		
#	ACTIVITY	TIME A / P	TYPE OF FOOL	D/SEASONING	Svg	Grp	Tr	State	Poisons Type
1	Lemon/H <sub>2</sub> O								
2	Supplements								
3	MORNING						-		
	MEAL						-		
4	Water (H <sub>2</sub> O)								
5	Beverage								
6	SNACK								
7	SNACK								
8	Water								
9	Beverage								
10	Supplements								
11	MID-DAY								
	MEAL						-		
12	Watar								
12	Water								
13	Beverage								
14	SNACK								
15 16	SNACK								
10	Lemon/H <sub>2</sub> O Supplements								
17	EVENING MEAL						-		
19	Water								
20	SNACK								
21	Water								
22	Exercise (Type Duration, etc.)		TYPE: DURATION: PULS B-	SE (B-Before; A-After) A -					
23	Affirmations								
Wat		/	Protein	1	Legume				
Dairy / Starches /		/	<u>Nuts/Seeds</u> / Fruit /		Greens/Vegetables/Sea Veg / Fats/Oils / Seasoning /				
Staticities Initial <thinitial< th=""> Initial Initial</thinitial<>									

www.AdvancedClinicalNutrition.com www.AdvancedClinicalNutrition.com/ACN (940) 761-4045