

**AIMS**  
**4657 S. Lakeshore Dr. Ste #1 Tempe, AZ 85282**  
**Ph: 480-284-8155**

**Patient Name:** \_\_\_\_\_

**Date To Begin:** \_\_\_\_\_

**Diet Diary Guidelines:** Write down **EVERYTHING** you eat and drink for meals and snacks. List **BRAND NAMES**. List **EXACT INGREDIENTS** of home-made foods. List **AMOUNTS** of food/drink ingested. Under BM, please list the time you had a bowel movement, and if diarrhea add D or if constipated add C. **Record Type and Amount of Insulin Injected (if pertinent) Record Insulin**

<b>BREAKFAST Times</b>	<b>LUNCH Times</b>	<b>SUPPER Times</b>	<b>SYMPTOMS Times</b>	<b>BM Time(s)</b>
<b>Day One</b>				
<b>Day Two</b>				
<b>Day Three</b>				