Permanent Lifestyle Transformation (PLT)
Initial Consultation 7-Day Food Journal

Name:

Start Date:

End Date:

DAY ONE					
BREAKFAST	**SNACK**	**LUNCH**	**SNACK**	**DINNER**	**SNACK**
Time:	Time:	Time:	Time:	Time:	Time:
Meal	Meal	Meal	Meal	Meal	Meal

DAY TWO					
BREAKFAST	**SNACK**	**LUNCH**	**SNACK**	**DINNER**	**SNACK**
Time:	Time:	Time:	Time:	Time:	Time:
Meal	Meal	Meal	Meal	Meal	Meal

DAY THREE					
BREAKFAST	**SNACK**	**LUNCH**	**SNACK**	**DINNER**	**SNACK**
Time:	Time:	Time:	Time:	Time:	Time:
Meal	Meal	Meal	Meal	Meal	Meal

DAY FOUR					
BREAKFAST	**SNACK**	**LUNCH**	**SNACK**	**DINNER**	**SNACK**
Time:	Time:	Time:	Time:	Time:	Time:
Meal	Meal	Meal	Meal	Meal	Meal

DAY FIVE					
BREAKFAST	**SNACK**	**LUNCH**	**SNACK**	**DINNER**	**SNACK**
Time:	Time:	Time:	Time:	Time:	Time
Meal	Meal	Meal	Meal	Meal	Meal

DAY SIX					
BREAKFAST	**SNACK**	**LUNCH**	**SNACK**	**DINNER**	**SNACK**
Time:	Time:	Time:	Time:	Time:	Time:
Meal	Meal	Meal	Meal	Meal	Meal

DAY SEVEN					
BREAKFAST	**SNACK**	**LUNCH**	**SNACK**	**DINNER**	**SNACK**
Time:	Time:	Time:	Time:	Time:	Time:
Meal	Meal	Meal	Meal	Meal	Meal

Water Consumption / Bowel Movement / Sleep Log

Day of the Week	Ounces of Water	# of Bowel Movements	Hours of Sleep
Day 1			
Day 2			
Day 3			
Day 4			
Day 5			
Day 6			
Day 7			

How do you feel physically & emotionally this week, and why?