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Naturopathic Medicine

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DIET DIARY

	Breakfast	Lunch	Dinner	Snacks	Energy Level, Symptoms, Mood	BM Consistency & Frequency
Day One						
Day Two						
Day Three						
Day Four						

***Please include all beverages consumed throughout the day, as this includes water. When commenting about Energy Level, please rate your energy on a scale of 1-10 (1=lowest energy; 10=highest energy).**