



MSUD Food Intake Record

EMORY



Department of Human Genetics
404-727-2866

Date: _____

Name: _____ Date of Birth: _____

Height: _____ Weight: _____

Medications: _____

Vitamins or Supplements: _____

Formula Prescription: *(Please include the name and amount of each ingredient used to make your Formula.)*

Ingredients:

Amount:

Volume Mixed: _____ oz. Volume Consumed: _____ oz. # of servings: _____

* Meal	Food/Beverage Item	Amount of Food Eaten	LEU (mg)	** Exchanges	Comments

Total: _____ mg _____ Ex.

* Meal: B=Breakfast; L=Lunch; D=Dinner; S=Snack
** Exchanges: 1 exchange = 30 mg LEU