

Patient Name: _____ Date: _____

FOOD DIARY

Through careful self-monitoring and record-keeping, any reactions to foods can be identified. The following record will establish a baseline for symptoms and complaints. It will also help identify suspected food allergens and assess the severity of reactions, dose-dependent relationships, and the role of cooking in making foods more tolerable. Keeping this diary will not only help to detect reactions to certain foods, it can also be extremely useful for ruling out suspected allergenic foods.

The food diary should be kept for at least 10-14 days.

Instructions:

1. Record all foods, beverages, snacks, supplements (vitamins, herbs, etc.) and medicines of any type.
2. List ingredients of combination foods such as casseroles, stews and salads.
3. Record all symptoms and indicate when they started. Also indicate the severity of your symptoms by using a scale of 1 to 4 where 1= mild & 4 = severe.
4. Complete the diary as the day progresses. Do not wait until the end of the day or week to complete it! It will be difficult to remember all that may have happened.
5. Please bring your completed food diary with you to your food testing appointment. Your food diary will be reviewed and based on what it says, you will be tested for additional food allergies via bloodwork to supplement the food allergy testing appt. in our office.
6. If you are not having food skin testing, please mail, drop off, or fax your completed food diary to 570-387-6344. After reviewing the food diary, our allergy specialists will compose appropriate lab orders for you to take to have your blood drawn and tested. Please indicate at the end of this form whether you wish for us to mail your lab orders to you or hold them at our office for you to pick up.

Please indicate on the last sheet any food that you routinely eat, but may not have eaten during this time period, such as seafood, nuts, seasonal fruits and vegetables, etc.

Sample Food Diary

Time	Food Eaten	Time of Reaction	Symptoms	Scale
8:00 a.m.	banana 1 boiled egg 1 cup orange juice 1 piece toast /butter	8:15 a.m.	throat itching – 2	
10:15 a.m.	1 cup grapes	10:18 a.m.	lips swelling – 4	
12:30 p.m.	hot dog, bun		no symptoms	

6850 Lows Road, Suite 320 Bloomsburg, PA 17815
Phone: 570-387-4368 * Fax: 570-387-6344

