



Beach Medical
WEIGHT LOSS BY WELLNESS
Weekly Food Log®

	Date:	Date:	Date:	Date:	Date:	Date:
Breakfast Time:						
A.M. Snack Time:						
Lunch Time:						
Mid-day Snack Time:						
Dinner Time:						
P.M. Snack Time:						
Water Intake Each ○ = 16 oz	① ② ③ ④ ⑤ ⑥ ⑦ ⑧	① ② ③ ④ ⑤ ⑥ ⑦ ⑧	① ② ③ ④ ⑤ ⑥ ⑦ ⑧	① ② ③ ④ ⑤ ⑥ ⑦ ⑧	① ② ③ ④ ⑤ ⑥ ⑦ ⑧	① ② ③ ④ ⑤ ⑥ ⑦ ⑧
Exercise Type/Duration						

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Beach Medical Charleston
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Weekly Food Log[®]

	Date:	Date:	Date:	Date:	Date:	Date:
Breakfast						
Time:						
A.M. Snack						
Time:						
Lunch						
Time:						
Mid-day Snack						
Time:						
Dinner						
Time:						
P.M. Snack						
Time:						
Water Intake						
Each ○ = 16 oz	①②③④ ⑤⑥⑦⑧	①②③④ ⑤⑥⑦⑧	①②③④ ⑤⑥⑦⑧	①②③④ ⑤⑥⑦⑧	①②③④ ⑤⑥⑦⑧	①②③④ ⑤⑥⑦⑧
Exercise						
Type/Duration						