

**Nutrition Intake Form**  
*For Lipo-Light and/or Lipo-Light Pro Laser Body Contouring*

**Please list the foods that you typically eat for each meal. Make sure to include foods that are not eaten frequently.**

**Breakfast:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Lunch:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dinner:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Snacks:** \_\_\_\_\_  
\_\_\_\_\_

**Dessert:** \_\_\_\_\_

**For each food class, please indicate how often you eat it. Write down how often you eat the items below.**

**Meat (beef, chicken, steak, turkey, ham, pork, luncheon meats):** \_\_\_\_\_

**Dairy (milk, cheese, yogurt, ice cream):** \_\_\_\_\_

**Eggs:** \_\_\_\_\_ **Bread:** \_\_\_\_\_

**Beans:** \_\_\_\_\_ **Fruit:** \_\_\_\_\_

**Fish (including tuna):** \_\_\_\_\_ **Salads:** \_\_\_\_\_

**Vegetables:** \_\_\_\_\_ **Nuts and Seeds (including peanut butter):** \_\_\_\_\_

**Rice:** \_\_\_\_\_ **Sweets (cookies, candy, cake, ice cream, etc.):** \_\_\_\_\_

**Cereal:** \_\_\_\_\_ **Pasta:** \_\_\_\_\_

**Tofu:** \_\_\_\_\_

**Please list how many 8 ounce cups per day or week**

**Water:** \_\_\_\_\_ **Juice:** \_\_\_\_\_

**Milk:** \_\_\_\_\_ **Coffee (regular or decaffeinated):** \_\_\_\_\_

**Tea:** \_\_\_\_\_ **Alcohol:** \_\_\_\_\_

**Soda:** \_\_\_\_\_ **Other:** \_\_\_\_\_