

# 7 Day Food Evaluation



The 7-day food evaluation allows us to look closely at the foods that you eat and what might be causing a reaction in your body or your child's body. We also encourage you to include the things that you use ON your body or your child's body. Essentially everything you or your child will touch, taste, and smell. Many of the reactions we see are just that - reactions. They are not allergies, but sensitivity to particular foods or chemicals creating a wide variety of symptoms including: fuzzy thinking, generalized gut sensitivity, behavior changes, mood changes, reading and writing difficulties, and many others.

The KST evaluations allow us to use this list to check the body for what it is reacting to. The checks will evaluate whether it is a temporary reaction or permanent and if a chiropractic adjustment can be made to help clear out the reactions. We encourage you to be as specific as possible with what you put in your mouth. Include drinks, gum, mints, etc. If you are having something like a casserole, list the ingredients you put in rather than just listing "casserole". If it is a packaged food, we do not need the ingredient list as that is a set or known idea. If it registers as an issue, it can be looked at in depth to see if it is a particular ingredient within that product.

There is no judgment in this evaluation. What I mean by that is, I personally don't care if you eat cookies and milk all day. We just need to know WHAT you are REALLY eating to find out what may be causing the problems. Based on the evaluation, general suggestions to improve your overall nutrition will be included with your specific evaluation.

The charge for this service is included in your initial Allergy Clearing Technique (ACT) appointment. Please return your completed packet to the office for evaluation one week prior to your ACT appointment. If you prefer to record electronically, you can submit your completed food journal via e-mail to [DrRoss@RechargeYourLife.com](mailto:DrRoss@RechargeYourLife.com)



Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

<b>TO BEGIN:</b>
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Please list your known food or environmental allergies and foods you avoid due to these allergies:

Are you (or your child, if this diary is for them) a "picky" eater? Please list foods that you "don't like" or have an aversion to as there may be an allergy connection!

**Current Food Diary**

**Day 1**

Items put IN the body

Items put ON the body

**Day 2**

Items put IN the body

Items put ON the body

### **Day 3**

Items put IN the body

Items put ON the body

### **Day 4**

Items put IN the body

Items put ON the body

## **Day 5**

Items put IN the body

Items put ON the body

## **Day 6**

Items put IN the body

Items put ON the body

## **Day 7**

Items put IN the body

Items put ON the body

Please list any other products you use/consume frequently but maybe less than once a week (i.e. not in the last 7 days):

Additional Comments: