MTEnergie.com Magnus Adam Lewis Mulliner B.Sc (Hons)., M.Sc., PGCTLHE., CMTA II., CHEK HLC II., NCP
Ecological Lifestyle Practitioner – empowering people to TAKE CONTROL of their health

Nutritional Record **Confidential** Session Number:_____

"You cannot change the circumstances, the seasons or the wind, but you can change yourself" Rohn, Jim

Daily Nutrition, Movement and Sleep Diary

Please indicate if the foods were raw, cooked, or altered. List medications, supplements, etc on the back

Day of the Week:		**Date:**	
Morning Meal Time:		**Water** (oz/cups) **Source**	
Snack		**Additional Beverages**	
Noon Meal Time:		**Fats/Oils**	
Snack		**Condiments (sugar/salt/ spices, etc)**	
Evening Meal Time:		**Creative Movement Type: Duration: Pulse Before: During:**	
Snack		**Relaxation Type: Duration:**	
Personal satisfaction with your day?		**What do you love about this day?**	

What time did you go to bed last night?_____ What time did you get up this morning? _____
How was your sleep quality? Sound or Restless or Peaceful
Did you have night sweats? YES or NO! Did you awake during the night? – Cause/s?: _____

Did you wake up refreshed? Or tired? Comments:_____

Did you get off to a slow start this morning? YES or NO If Yes, how long does it take to feel alert once you have gotten up from your bed? _____
What challenges do you have today?_____
What challenges could you address within the next 24 hours?

What would you like to address during your next session?_____
Please bring this form with you to our next arranged meeting on:_____

"If you want to be happy, set a goal that commands your thoughts, liberates your energy and inspires your hopes" Carnegie, Andrew

MTEnergie – Putting Your Health First
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