



Health Tracking: Intake and Elimination Form

Section 1-General Information

Individual Name: * _____
 Program Name: * _____ Date: * _____
 Comment: _____

Comment By: _____ Title: _____ Comment _____
 Date: _____

Section 2- Intake and Elimination Grid

Time: From: _____ am / pm To: _____ am / pm
 Fluid Intake : _____ (cc) Fluid Void: _____ (cc) # of Fluid Voids: _____
 Calorie Intake: _____ (cal) % of Meal Eaten: _____

Fluid Type: G-Tube IV J-Tube NG-Tube Oral Supplement

Bowel Movement: 0 1 2 3 4 5 6 7 8 9

BM Type:

Diarrhea Hard Independent Loose Normal Soft Type 1 Type 2 Type 3 Type 4 Type 5 Type 6
 Type 7

BM Amount: XL (Extra Large) Large Medium Small

Blood in BM? Yes No

Bowel Aids: Enema Laxative Suppository Other

Emesis: Large Medium Small

Blood In Emesis? Yes No

Reported By: * _____ Entered By: _____

SIGNATURE.....NAME.....DATE.....TIME.....am/pm
 Note:- Required fields are marked with an asterisk (*)