

Dr. Roller's Pre-Natal Wellness Recommendations



Nutrition

Decrease the following:

- Coffee, tea, sodas by _____ %
- Fast foods by _____ %
- Processed sugar, candy, baked goods by _____ %

Increase or add the following:

- Fresh organic green, yellow and red vegetables by _____ %
- Fresh organic fruits by _____ %
- Whole brown grains (rice, bread, etc.) by _____ %
- Change to olive or avocado oil or butter
- Protein sources should be chicken, turkey, fish, tofu, etc. _____ %
- Whole milk, cheese _____ %
- Add raw nuts (cashews, pumpkin seeds, almonds, etc.) _____ %

Exercise

- Walk _____ minutes out each day _____ days per week for _____ weeks then increase by _____ minutes every _____ weeks
- Yoga/Stretching
- Upper Body Weight Training
- Other _____

Recommended follow up appointment in _____ (weeks/months)

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Dr. Roller's Pre-Natal Diet/Activity Report:

Please take time to complete the following survey carefully and accurately. List in detail the **quantity and the exact nature of all foods and beverages** consumed (i.e. frozen, canned, etc.). Please mention if the foods were raw or cooked. Be sure to list any condiments used (i.e. mayonnaise, margarine, relish, etc.). Please complete the exercise activity portion at the bottom, as well, listing the types of exercise and its duration. Also record any periods of relaxation/meditation.

Name: _____

Date: _____

MEAL	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
Morning Meal							
Snack							
Noon Meal							
Snack							
Evening Meal							
Snack							
Additional Food or Beverages							
Water (8 oz glasses)							
Fats/Oils Used							
Condiments (salt, sugar, herbs, spices, etc.)							
Supplements							
Types of Exercise							
Duration							
Relaxation							