

Ron Schaefer Certified Holistic Iridologist EyesByRon.com

Please print document, fill it out, and email back to: Eyesbyron@gmail.com

Food History

Name:	Date:
Email:	Phone:

List what you had to eat for the week. Please be detailed and include snacks or extras.

Day 1:	
Day 2:	
Day 3:	
Day 4:	
Day 5:	
Day 6:	
Day 7:	

Add a second sheet if necessary.