

FLUID INTAKE LOG

Name: _____

Date: _____

Target Daily Goal: _____ ml / oz

TIME	TYPE OF BEVERAGE (WATER, JUICE, TEA, ETC.)	AMOUNT (ML / OZ)	NOTES
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DAILY NOTES & SYMPTOMS:

24-HOUR TOTAL: _____

* Monitor for signs of dehydration: Dark urine, dry mouth, or dizziness.

Print Chart