

Lactose Intolerance Dietary Review

Personal Information

Name

Age

Symptoms

List symptoms experienced after consuming lactose-containing foods:

Symptom onset (minutes/hours after eating):

Current Diet

How often do you consume dairy products?

Describe typical meals including dairy sources:

List foods you avoid because of lactose intolerance:

Alternatives & Substitutes

List any lactose-free alternatives or substitutions used:

Supplementation

Are you using lactase supplements or digestive aids? If so, specify:

Concerns & Goals

Describe any challenges with avoiding lactose:

What are your dietary or health goals?

Additional Notes