

1200-Calorie Diet Plan

| Patient information | | | | | | |
|---------------------|-----------|-----------------|---|-------------------|--------|-------|
| Name: | | Date of birth: | | Age: | | |
| Height: | | Weight: | | Date: | | |
| Goals | | | Daily meal recommendations | | | |
| | | | <ul style="list-style-type: none"> • Balance all meals to include lean protein, whole grains, and vegetables. • Prioritize low-calorie, nutrient-dense foods like leafy greens, and non-starchy vegetables. • Include healthy fats in moderation (e.g., avocado, olive oil, nuts). • Limit added sugars and refined carbohydrates. • Drink at least 8 cups of water daily and avoid sugary drinks. | | | |
| Weekly diet plan | | | | | | |
| Week 1 | | | | | | |
| Day | Breakfast | Snack (morning) | Lunch | Snack (afternoon) | Dinner | Notes |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |

| Week 2 | | | | | | |
|--------|-----------|-----------------|-------|-------------------|--------|-------|
| Day | Breakfast | Snack (morning) | Lunch | Snack (afternoon) | Dinner | Notes |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| Week 3 | | | | | | |
| Day | Breakfast | Snack (morning) | Lunch | Snack (afternoon) | Dinner | Notes |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | | | | | | |

| Week 4 | | | | | | |
|-------------------------------------|-----------|-----------------|-------|--------------------|--------|-------|
| Day | Breakfast | Snack (morning) | Lunch | Snack (afternoon) | Dinner | Notes |
| 22 | | | | | | |
| 23 | | | | | | |
| 24 | | | | | | |
| 25 | | | | | | |
| 26 | | | | | | |
| 27 | | | | | | |
| 28 | | | | | | |
| 29 | | | | | | |
| 30 | | | | | | |
| Shopping list | | | | Additional notes | | |
| | | | | | | |
| Healthcare professional information | | | | | | |
| Name: | | | | License ID number: | | |
| Signature: | | | | Date: | | |