

# 21-Day Weight Loss Plan

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Total daily calorie intake: \_\_\_\_\_

Goals:

Week 1					
Day	Breakfast	Lunch	Dinner	Snack	Notes
1					
2					
3					
4					
5					
6					
7					

Week 2					
Day	Breakfast	Lunch	Dinner	Snack	Notes
8					
9					
10					
11					
12					
13					
14					
Week 3					
15					
16					
17					
18					
19					
20					
21					

**Additional notes****Healthcare professional's information****Name:****License number:****Signature:****Contact details:**