## **30-Day Fruit and Vegetable Diet Plan**

Name: _		Age	: Height:	V	Veight:
Goals					
Week 1					
Day	Breakfast	Lunch	Dinner	Snack	Notes
1					
2					
3					
4					
5					
6					
7					

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

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

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

Week 5					
Day	Breakfast	Lunch	Dinner	Snack	Notes
1					
2					
3					

## Sample diet plan

Below is a sample 30-Day Fruit and Vegetable Diet Plan you can use as a reference when creating your plant for your client. Note that this is just a general guide and may need to be modified based on an individual's specific needs and preferences.

Week 1   Day 1 – 7	Week 2   Day 1 – 7
<ul> <li>Breakfast: Green smoothie (spinach, banana, almond milk)</li> <li>Snack: Apple slices with almond butter</li> <li>Lunch: Mixed salad with avocado, cherry tomatoes, and grilled vegetables</li> <li>Snack: Carrot sticks with hummus</li> <li>Dinner: Zucchini noodles with marinara sauce and roasted chickpeas</li> </ul>	<ul> <li>Breakfast: Berry and spinach smoothie</li> <li>Snack: Sliced cucumber with guacamole</li> <li>Lunch: Quinoa salad with mixed greens, bell peppers, and grilled tofu</li> <li>Snack: Celery sticks with peanut butter</li> <li>Dinner: Stir-fried vegetables with tofu over brown rice</li> </ul>
Week 3   Day 1 – 7	Week 4   Day 1 – 7
<ul> <li>Breakfast: Mango with kale smoothie</li> <li>Snack: Mixed berries</li> <li>Lunch: Lentil soup with a side of mixed greens</li> <li>Snack: Bell pepper strips with hummus</li> <li>Dinner: Portobello mushroom burgers with sweet potato fries</li> </ul>	<ul> <li>Breakfast: Pineapple and spinach smoothie</li> <li>Snack: Edamame beans</li> <li>Lunch: Chickpea salad with cucumbers, tomatoes, and lemon-tahini dressing</li> <li>Snack: Sliced bell peppers with Greek yogurt dip</li> <li>Dinner: Vegetable stir-fry with tofu or tempeh</li> </ul>

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