

30-Day Fruit and Vegetable Diet Plan

Name: _____ Age: _____ Height: _____ Weight: _____

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 plan 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 style="list-style-type: none"> • Breakfast: Green smoothie (spinach, banana, almond milk) • Snack: Apple slices with almond butter • Lunch: Mixed salad with avocado, cherry tomatoes, and grilled vegetables • Snack: Carrot sticks with hummus • Dinner: Zucchini noodles with marinara sauce and roasted chickpeas 	<ul style="list-style-type: none"> • Breakfast: Berry and spinach smoothie • Snack: Sliced cucumber with guacamole • Lunch: Quinoa salad with mixed greens, bell peppers, and grilled tofu • Snack: Celery sticks with peanut butter • Dinner: Stir-fried vegetables with tofu over brown rice
Week 3 Day 1 – 7	Week 4 Day 1 – 7
<ul style="list-style-type: none"> • Breakfast: Mango with kale smoothie • Snack: Mixed berries • Lunch: Lentil soup with a side of mixed greens • Snack: Bell pepper strips with hummus • Dinner: Portobello mushroom burgers with sweet potato fries 	<ul style="list-style-type: none"> • Breakfast: Pineapple and spinach smoothie • Snack: Edamame beans • Lunch: Chickpea salad with cucumbers, tomatoes, and lemon-tahini dressing • Snack: Sliced bell peppers with Greek yogurt dip • Dinner: Vegetable stir-fry with tofu or tempeh

Additional notes**Healthcare professional's information**

Name:

License number:

Contact details:

Signature: