

Anti-Inflammatory Diet Plan

Patient information	
Name:	
Date:	Age:
Weight:	Height:
Sex:	Gender:
Medical conditions:	
Dietary restrictions:	
C-reactive protein levels (if needed):	
General guidelines	
Food and beverage items to limit	
Food and beverage items to include	

Day/ week	Breakfast	Lunch	Dinner	Snack and/or dessert	Notes
Grocery list					
Additional notes					