

# Bariatric Diet Plan

Name	Date
Age	Gender
Weight	Height
Activity level	
Dietary preferences and restrictions	
Goals	
Medical history	
Meal frequency	
Portion control	
<b>Suggested food items</b>	
Food item/s	Suggestions


Meal timing

Supplements

Sample meal plan

Lifestyle considerations

Other recommendations

**Progress tracking**

Date

Remarks

**Additional notes**