

# Diet Plan for Men

Patient information					
Name:		Gender:			
Height:		Weight:			
Date of birth:		Age:			
Date of assessment:					
Health conditions (if applicable):					
Goals					
Week 1					
Day	Breakfast	Lunch	Snack	Dinner	Notes
Day 1					
Day 2					
Day 3					
Day 4					

Day	Breakfast	Lunch	Snack	Dinner	Notes
Day 5					
Day 6					
Day 7					

**Week 2**

Day	Breakfast	Lunch	Snack	Dinner	Notes
Day 1					
Day 2					
Day 3					
Day 4					

Day	Breakfast	Lunch	Snack	Dinner	Notes
Day 5					
Day 6					
Day 7					

**Week 3**

Day	Breakfast	Lunch	Snack	Dinner	Notes
Day 1					
Day 2					
Day 3					
Day 4					

<b>Day</b>	<b>Breakfast</b>	<b>Lunch</b>	<b>Snack</b>	<b>Dinner</b>	<b>Notes</b>
Day 5					
Day 6					
Day 7					

**Week 4**

<b>Day</b>	<b>Breakfast</b>	<b>Lunch</b>	<b>Snack</b>	<b>Dinner</b>	<b>Notes</b>
Day 1					
Day 2					
Day 3					
Day 4					

Day	Breakfast	Lunch	Snack	Dinner	Notes
Day 5					
Day 6					
Day 7					

### Sample diet plan

Day	Breakfast	Lunch	Snack	Dinner	Notes
Day 1	Scrambled eggs with spinach, whole grain toast	Grilled chicken salad with mixed greens, quinoa, vinaigrette.	Greek yogurt with almonds and honey	Baked salmon with roasted vegetables and brown rice	Monitor hydration levels, ensure balanced protein intake

### Shopping list

### Healthcare professional information

Name:	License ID number:
Signature:	Date: