

Dr. Now Diet Plan Template

Personal Information

- Name: _____
- Date: _____
- Starting Weight: _____
- Goal Weight: _____
- Healthcare Provider: _____

Caloric Intake

- **Daily Limit:** Approximately 1,200 calories

Meal Structure

- **Breakfast:**
 - Protein source (e.g., egg whites, Greek yogurt)
 - A serving of fruit (e.g., berries, apple)
- **Lunch:**
 - Lean protein (chicken, turkey, fish)
 - Non-starchy vegetables (e.g., broccoli, spinach)
- **Dinner:**
 - Lean protein (variation from lunch)
 - Non-starchy vegetables (different from lunch)
- **Snacks:** (if applicable)
 - Low-calorie options (e.g., cucumber, carrots)

Weekly Meal Plan

Day	Breakfast	Lunch	Dinner
Monday			
Tuesday			

Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Grocery List

- **Proteins:** Chicken breast, salmon, turkey, tofu
- **Vegetables:** Broccoli, spinach, bell peppers, cauliflower
- **Fruits:** Berries, apples
- **Dairy:** Low-fat Greek yogurt, egg whites
- **Miscellaneous:** Herbs, spices, olive oil (in moderation)

Foods to Include

- **Proteins:** Lean meats, poultry, fish, tofu.
- **Vegetables:** Non-starchy (e.g., leafy greens, bell peppers).
- **Fruits:** Low-calorie options (berries, small apples).
- **Whole Grains:** Very limited amounts.
- **Dairy:** Low-fat or fat-free options.

Foods to Avoid

- **Sugary Foods:** Sweets, candy, cakes.
- **Starchy Vegetables:** Potatoes, corn.
- **High-Calorie Fruits:** Bananas, grapes.
- **Processed Foods:** Fast food, junk food.
- **High-Fat Foods:** Fatty meats, high-fat dairy.
- **Refined Carbs:** White bread, pasta.

Hydration

- **Water:** At least 8 glasses per day
- **Avoid:** Sugary drinks, excessive caffeine

Exercise (as advised by healthcare provider)

- **Type:** _____
- **Frequency:** _____
- **Duration:** _____

Monitoring and Adjustments

- **Weekly Weight Check:** _____
- **Measurement Tracking:** _____
- **Diet Adjustments:** _____

Consultation

- **Next Appointment:** _____
- **Notes from Healthcare Provider:**

Additional Notes: