

Elimination Diet Meal Plan

Patient Information

Name: _____

Age: _____

Gender: _____

Medical History: _____

Dietary Preferences/Restrictions: _____

Allergies: _____

Phase 1: Elimination (21-30 days)

Guidelines

Remove the following foods from the diet

- Dairy products
- Gluten-containing grains
- Processed foods with additives
- Nightshade vegetables
- High FODMAP foods
- Soy products

Allowed Foods

Meal Plan

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Phase 2: Reintroduction

Guidelines

Reintroduction Schedule

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Evaluation and Adjustment

Follow-Up

Additional Recommendations