

# 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**