

# Flexitarian Diet Plan

## Patient Information

Full Name:

Date:

Nutritionist/Dietitian:

## Flexitarian Diet Overview

- A flexitarian diet is primarily vegetarian yet occasionally includes meat or fish.
- Emphasis on plant-based foods while allowing flexibility for moderate meat consumption.
- Aim for nutrient-rich, whole foods and minimize processed foods.

## General Guidelines

- Base meals around plant proteins, whole grains, and vegetables.
- Include a variety of fruits and vegetables daily.
- Limit red meat and processed meats; opt for lean meats or fish when consuming animal products.
- Incorporate healthy fats from nuts, seeds, avocados, and olive oil.
- Choose whole grains over refined grains.
- Limit added sugars and processed foods.

## Sample Meal Plan

### Breakfast

- Oatmeal with almond milk, berries, and a sprinkle of nuts
- Whole grain toast with avocado
- Smoothie with spinach, banana, and plant-based protein powder

### Lunch

- Quinoa salad with mixed vegetables and chickpeas
- Vegetable stir-fry with tofu
- Lentil soup with a side of whole-grain bread

### Dinner

- Grilled salmon with steamed broccoli and sweet potato
- Vegetable curry with brown rice
- Whole wheat pasta with marinara sauce and a side of grilled vegetables

## Snacks

- Hummus with carrot and cucumber sticks
- Fresh fruit or fruit salad
- Mixed nuts or trail mix
- Greek yogurt with honey and granola

## Flexitarian Tips

- Start with meatless meals a few times a week and gradually increase.
- Explore plant-based protein sources like beans, lentils, tofu, and tempeh.
- Experiment with herbs and spices for flavor without added salt or sugar.
- Stay hydrated with water, herbal teas, and other low-sugar beverages.

**Additional Notes** [Any specific dietary restrictions or considerations, patient's preferences or allergies]:

**Nutritionist/Dietitian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Patient Acknowledgment

I have reviewed this Flexitarian Diet Plan with my healthcare provider and understand the recommendations.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Disclaimer:** This Flexitarian Diet Plan is tailored to the individual needs of the patient. Please consult with a healthcare provider before making significant dietary changes.