

Gastrointestinal Soft Diet Food List

Patient Information

Name:

Date of Birth:

Patient ID:

Dietitian/Nutritionist:

Additional Patient Details

Current Health Status:

Specific Dietary Needs/Restrictions:

Nutritional Goals:

Physical Activity Level:

Lab Results (if applicable):

Previous Dietary Plans and Outcomes:

Psychological Factors Affecting Eating Habits:

Dietary Guidelines:

Food Group	Foods Allowed	Foods Not Allowed
Grains		
Proteins		
Dairy		
Fruits		
Vegetables		
Fats and Oils		
Beverages		
Others		
Soups		
Sweets		
Snacks		

Sample Meal Plan:

Breakfast:	
Lunch:	

Dinner:	
Snacks:	

Additional Notes:

Disclaimer: Adherence to this diet can help manage symptoms and promote healing. In consultation with a healthcare provider or dietitian, it's important to tailor the diet based on individual tolerances and nutritional needs.