

Gestational Diabetes Diet Plan

Patient information	
Full name:	Date of birth:
Emergency contact:	
Current gestational age:	Pre-pregnancy weight:
Current weight:	Height:
Blood type:	Contact number:
Next appointment:	Date of plan initiation:
Dietary assessment	
Typical daily food intake:	
Known food allergies:	
Food preferences:	
Physical activity level: <input type="checkbox"/> Sedentary <input type="checkbox"/> Moderate <input type="checkbox"/> Active (yoga and walking)	
Gestational diabetes diet plan	
Total daily caloric intake:	
Carbohydrates:	
Proteins:	
Fats:	
Fiber:	
Fluid intake:	
Meal planning	
Breakfast options:	
Morning snack options:	

Lunch options:

Afternoon snack options:

Dinner options:

Evening snack options:

Monitoring and follow-up

Blood glucose monitoring:

Follow-up appointments:

Additional notes:

Healthcare professional's information

Name and signature:

Date: