

# Healthy Grocery List

Tailored to suit individual medical history, dietary preferences, and nutritional requirements, this template offers recommendations, nutritional significance, and room for personalized adjustments in each section, creating a comprehensive healthy grocery list.

**Name:**

**Age:**

**Medical Background:**

**Allergies:**

**Dietary Restrictions:**

**Health Objectives:**

Fruits and Vegetables	Whole Grains
<ul style="list-style-type: none"><li><input type="checkbox"/> Leafy greens (e.g., spinach, kale)</li><li><input type="checkbox"/> Colorful bell peppers</li><li><input type="checkbox"/> Berries (e.g., strawberries, blueberries)</li><li><input type="checkbox"/> Citrus fruits (e.g., oranges, grapefruits)</li><li><input type="checkbox"/> Cruciferous vegetables (e.g., broccoli, cauliflower)</li><li><input type="checkbox"/> _____</li><li><input type="checkbox"/> _____</li><li><input type="checkbox"/> _____</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Quinoa</li><li><input type="checkbox"/> Brown rice</li><li><input type="checkbox"/> Whole grain bread</li><li><input type="checkbox"/> Oats</li><li><input type="checkbox"/> _____</li><li><input type="checkbox"/> _____</li><li><input type="checkbox"/> _____</li></ul>
<p><b>Nutritional Significance:</b></p>	<p><b>Nutritional Significance:</b></p>

Lean Proteins	Healthy Fats
<input type="checkbox"/> Chicken breasts or thighs <input type="checkbox"/> Fish (e.g., salmon, trout) <input type="checkbox"/> Tofu or tempeh <input type="checkbox"/> Legumes (e.g., lentils, chickpeas) <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <b>Nutritional Significance:</b>	<input type="checkbox"/> Avocados <input type="checkbox"/> Nuts (e.g., almonds, walnuts) <input type="checkbox"/> Olive oil <input type="checkbox"/> Flaxseeds or chia seeds <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <b>Nutritional Significance:</b>
Dairy and Alternatives	Miscellaneous
<input type="checkbox"/> Greek yogurt <input type="checkbox"/> Almond milk or other non-dairy alternatives <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <b>Nutritional Significance:</b>	<input type="checkbox"/> Herbs and spices (e.g., basil, turmeric) <input type="checkbox"/> Tea or coffee (if preferred) <input type="checkbox"/> Healthy snacks (e.g., unsweetened dried fruits, nut butter) <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <b>Nutritional Significance:</b>

**Additional Notes/Personal Preferences:**