Heart Patient Diet Chart

Patient information						
Name:		Contact number:				
Date of birth:		Gender:				
Age:	Height:		Weight:			
Address:						
Date of consultation:						
Foods to avoid or limit		Foods to include or eat				
 High-cholesterol foods: Whole-fat dairy products (milk, cheese, butter). Fried foods (chips, deep-fried snacks). Processed meats and saturated fat (sausage, bacon). Sugary foods and drinks: Sweets (candy, cookies, cakes). Beverages (soda, energy drinks, sweetened juices). Sodium-rich foods: Packaged soups, canned foods, pickles. Other: Alcohol (limited to preferably no intake). 		 Consume an overall healthy dietary pattern that includes the following: Vegetables: Spinach, carrots, cauliflower, broccoli, tomatoes. Fruits: Apples, bananas, oranges, berries. Whole grains: Brown rice, quinoa, oats, whole-grain bread. Proteins: Skinless poultry, fish (salmon, mackerel), lentils, tofu. Healthy fats: Avocado, non-tropical vegetable oils (canola, corn, olive), unsalted nuts (almonds, walnuts). Low-fat dairy: Skim milk, yogurt, cheese. 				

References

American Heart Association. (2021, November 2). *The American Heart Association diet and lifestyle recommendations*. https://www.heart.org/en/healthy-living/healthy-eating/eat-smart/nutrition-basics/ahadiet-and-lifestyle-recommendations

Restivo, J. (2023, November 9). *Heart-healthy foods: What to eat and what to avoid*. Harvard Health.https://www.health.harvard.edu/heart-health/heart-healthy-foods-what-to-eat-and-what-to-avoid

Sample meal plan for heart patients								
Day	Breakfast	Lunch	Snack	Dinner	Notes			
1	Scrambled eggs with spinach and tomatoes, 1 slice whole- grain toast, 1 glass of water.	Turkey wrap with whole- grain tortilla, lettuce, tomato, and avocado, 2 glasses of water.	1 small banana, 8 oz. black coffee (no sugar).	Stir-fried tofu with mixed vegetables and brown rice, 1 piece of dark chocolate (70% cocoa).	Drink lots of water			
Week	Weekly meal plan							
Day	Breakfast	Lunch	Snack	Dinner	Notes			
1								
2								
3								
4								
5								
6								
7								

Additional notes	
Healthcare professional information	
Name:	License ID number:
Signature:	Date of consultation: