

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: <ul style="list-style-type: none">• Whole-fat dairy products (milk, cheese, butter).• Fried foods (chips, deep-fried snacks).• Processed meats and saturated fat (sausage, bacon). Sugary foods and drinks: <ul style="list-style-type: none">• Sweets (candy, cookies, cakes).• Beverages (soda, energy drinks, sweetened juices). Sodium-rich foods: <ul style="list-style-type: none">• Packaged soups, canned foods, pickles. Other: <ul style="list-style-type: none">• Alcohol (limited to preferably no intake).		Consume an overall healthy dietary pattern that includes the following: <ul style="list-style-type: none">• 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/aha-diet-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
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: