

# High Cholesterol Diet Plan

Name	Date
Gender	Age
Weight	Height
Purpose	
Medical history	
Plan duration	
General guidelines	
<b>Food items to limit</b>	
<b>Food items to include</b>	

**Portion control**

**Customized plan**

Breakfast

Snack

Lunch

Dinner

Hydration

**Progress tracking**

Date

Remarks

Date	Remarks


**Additional notes**

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