

High Cholesterol Diet Plan

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|------------------------------|--------|
| Name | Date |
| Gender | Age |
| Weight | Height |
| Purpose | |
| Medical history | |
| Plan duration | |
| General guidelines | |
| Food items to limit | |
| | |
| Food items to include | |
| | |

Portion control

Customized plan

Breakfast

Snack

Lunch

Dinner

Hydration

Progress tracking

Date

Remarks

| Date | Remarks |
|------|---------|
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Additional notes

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