

High Protein Low Carbohydrate Diet Plan

Name of Patient:		Weight:	
Sex:		Height:	
Age:		BMI:	
Total Daily Calorie Intake:			
Restriction/ Allergies:			
Medical Conditions:			

Health Goal

- Weight Loss
- Muscle Gain
- Maintain Weight
- Others: _____

Meal Time	Meal	Protein (g)	Carbs (g)	Fat (g)	Calories
Breakfast					
Snack					
Lunch					
Snack					
Dinner					
Total					

Notes/Remarks:**Instructions:**

- Consume meals and snacks at the designated times to maintain a consistent eating schedule.
 - Stay well-hydrated throughout the day. Water is the best choice, but herbal teas and other non-caloric beverages are also suitable.
 - Feel free to swap meals or snacks based on personal preferences, as long as it aligns with the overall nutritional goals.
 - Pay attention to hunger and fullness cues. Adjust portion sizes if needed to ensure you are getting the right balance of nutrients.
 - If you experience any adverse effects or have concerns, consult with your healthcare provider.
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Doctor's Signature: _____

Doctor's Name: _____

Date: _____