Kidney Patient Diet Chart

Patient Details					
Name:			Age:		
Date:					
Health Professional D	Details				
Name:					
Hospital/Clinic:					
Phone:	E	Ēmail:			
Dietary Goals					
Specific Nutritional Caloric Intake Per D					
Fluid Intake Limitation					
Nutrient Limits					
Sodium	Potassium	Phosporus		Protein	
Other Nutrients					

Include all meals and alternatives.				
Additional Recommendations, Reminders, and Notes				
Dietary Supplements (if prescribed)	Other Lifestyle Changes			
Exercise Recommendations	Other Notes			