Nutrition and Mental Health

Patient Information

Name:
Date of Birth:
Patient ID:
Healthcare Provider:
Date:

Assessment

Current Mental Health Diagnosis(es):

Current Physical Health Concerns:

Dietary Preferences/Restrictions:

Nutritional Goals

Overall Goal: _____

Specific Nutritional Targets: (e.g., increase Omega-3 intake, reduce processed food consumption)

Daily Dietary Plan

Breakfast:

Food:
Nutrients Targeted:

Lunch:

Food:
Nutrients Targeted:

Dinner:

Food:
Nutrients Targeted:

Snacks:

Food:
Nutrients Targeted:

Supplemental Nutrition (if applicable)

Supplement:
Dosage:
Frequency:

Physical Activity

Type of Activity:
Frequency:
Duration:

Progress Monitoring

Follow-Up Appointments:
Mental Health Monitoring:
Dietary Adjustments:

Additional Notes