

Nutritionist Meal Plan

| Patient information | | | | | |
|------------------------------------|-----------|----------------|-------|--------|-------|
| Name: | | Date of birth: | | | |
| Age: | | Gender: | | | |
| Height: | | Weight: | | | |
| Date of assessment: | | | | | |
| Health conditions (if applicable): | | | | | |
| Goals | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Week 1 | | | | | |
| Day | Breakfast | Lunch | Snack | Dinner | Notes |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

| Week 2 | | | | | |
|--------|-----------|-------|-------|--------|-------|
| Day | Breakfast | Lunch | Snack | Dinner | Notes |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| Week 3 | | | | | |
| Day | Breakfast | Lunch | Snack | Dinner | Notes |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

| Week 4 | | | | | |
|-------------------------------------|---|--|-------------------------------------|---|--------------------------|
| Day | Breakfast | Lunch | Snack | Dinner | Notes |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| Sample meal plan | | | | | |
| Day | Breakfast | Lunch | Snack | Dinner | Notes |
| 1 | Scrambled eggs with spinach and whole grain toast | Grilled chicken salad with mixed greens, quinoa, and vinaigrette | Greek yogurt with almonds and honey | Baked salmon with roasted vegetables and brown rice | Monitor hydration levels |
| Shopping list | | | | | |
| | | | | | |
| Healthcare professional information | | | | | |
| Name: | | | License ID number: | | |
| Signature: | | | Date of assessment: | | |