

The Dukan Diet Plan

Patient Information	
Name: _____	
Age: _____	Gender: _____
Height: _____	Weight: _____
Medical History: _____	
Allergies: _____	
Activity Level: _____	

Part 1: Assessment and Goal Setting

Weight Loss Goal

Short-term Goal (2-4 weeks):

Long-term Goal:

Current Dietary Preferences and Restrictions

Preferred Protein Sources:

Food Allergies/Intolerances:

Dietary Restrictions:

Part 2: Dukan Diet Phases

Attack Phase

Duration: _____

Recommended Pure Protein Sources:

- Breakfast: _____
- Lunch: _____
- Dinner: _____

Additional Notes: _____

Cruise Phase

Duration: _____

Alternating Days: _____

Recommended Protein and Vegetable Combinations:

- Breakfast: _____
- Lunch: _____
- Dinner: _____

Additional Notes: _____

Consolidation Phase

Duration: _____

Gradual Reintroduction of Foods: _____

- Breakfast: _____
- Lunch: _____
- Dinner: _____

Additional Notes: _____

Stabilization Phase

No Fixed Duration: _____

Guidelines for Maintaining Weight:

- Balanced Diet Recommendations: _____
- Key Points to Emphasize: _____

Additional Notes: _____

Part 3: Meal Plan

Sample 1

Breakfast

- Protein Source: _____
- Oat Bran: _____
- Additional Notes: _____

Lunch

- Protein Source: _____
- Vegetables: _____
- Additional Notes: _____

Dinner

- Protein Source: _____
- Oat Bran: _____
- Additional Notes: _____

Sample 2

Breakfast

- Protein Source: _____
- Oat Bran: _____
- Additional Notes: _____

Lunch

- Protein Source: _____
- Vegetables: _____
- Additional Notes: _____

Dinner

- Protein Source: _____
 - Oat Bran: _____
 - Additional Notes: _____
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Part 4: Ongoing Monitoring and Adjustments

Weekly Check-ins

- Weight Progress: Monitor weight loss trends.
- Dietary Adherence: Discuss challenges and successes.
- Challenges Faced: Address any difficulties in following the plan.

Adjustments to Plan

- Assary Modifications: Adjust portions or food choices based on progress.
 - Patient Feedback: Encourage open communication for a collaborative approach.
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Part 5: Health Coach Recommendations

Exercise Recommendations

Type: _____

Frequency: _____

Duration: _____

Hydration Guidelines

Daily Water Intake: _____

Recommendations for Beverages: _____

Supplement Suggestions

If Necessary: _____

Dosage and Timing: _____

Part 6: Follow-up Appointment

Next Appointment Date: _____

Additional Notes: