

Whole Food Diet Plan

Name: _____ Age: _____

Height: _____ Weight: _____

Goals					
Day	Breakfast	Lunch	Dinner	Snack	Notes
1					
2					
3					
4					
5					
6					
7					

Sample diet plan

Below is a one-day sample diet plan that you can use as a reference when creating your plan for your client. Note that this is just a general guide and may need to be modified based on an individual's specific needs and preferences.

Day	Breakfast	Lunch	Dinner	Snack	Notes
1	Green smoothie (spinach, banana, almond milk)	Mixed salad with avocado, cherry tomatoes, and grilled vegetables	Zucchini noodles with marinara sauce and roasted chickpeas	Apple slices with almond butter	Modify ingredients as per dietary needs (e.g., allergies).

Shopping list

Additional notes

Healthcare professional's information

Name:

License number:

Contact details:

Signature: