

Your Weekly Keto Diet Plan

Your Full Name: _____

Age: _____

Your Current Weight: _____

Your Height: _____

Medical History:

Goals of this diet plan:

MONDAY MEAL PLAN

Breakfast:	
Mid-morning Snack:	
Lunch:	
Afternoon Snack:	
Dinner:	

TUESDAY MEAL PLAN

Breakfast:	
Mid-morning Snack:	
Lunch:	
Afternoon Snack:	
Dinner:	

WEDNESDAY MEAL PLAN

Breakfast:	
Mid-morning Snack:	
Lunch:	
Afternoon Snack:	
Dinner:	

THURSDAY MEAL PLAN

Breakfast:	
Mid-morning Snack:	
Lunch:	
Afternoon Snack:	
Dinner:	

FRIDAY MEAL PLAN

Breakfast:	
Mid-morning Snack:	
Lunch:	
Afternoon Snack:	
Dinner:	

SATURDAY MEAL PLAN

Breakfast:	
Mid-morning Snack:	
Lunch:	
Afternoon Snack:	
Dinner:	

SUNDAY MEAL PLAN

Breakfast:	
Mid-morning Snack:	
Lunch:	
Afternoon Snack:	
Dinner:	

NOTES