

Meal Plan

Name: _____

Date: _____

Dietitian: _____

Phone: _____

If you're counting carbohydrates, remember:
1 choice = 15 grams of carbohydrate

DAILY TARGETS			
	grams total	percent daily calories	servings per day
carbohydrates			
protein			
fat			
calories			
other			
<input type="checkbox"/> sodium (salt):	_____	<input type="checkbox"/> fiber:	_____
<input type="checkbox"/> alcohol:	_____	<input type="checkbox"/> caffeine:	_____
<input type="checkbox"/> saturated fat:	_____	<input type="checkbox"/> calcium:	_____
<input type="checkbox"/> cholesterol:	_____	<input type="checkbox"/> water:	_____

Choices Choose foods wisely, watch your portions	Menu Ideas Enjoy your food!
<p>Breakfast</p> <p><input type="checkbox"/> Carbohydrate: _____ grams</p> <p><input type="checkbox"/> Non-starchy vegetables: _____ servings per day</p> <p><input type="checkbox"/> Protein: _____ grams</p> <p><input type="checkbox"/> Fat: _____ grams</p>	
<p>Snack</p> <p><input type="checkbox"/> Carbohydrate: _____ grams</p> <p><input type="checkbox"/> Non-starchy vegetables: _____ servings per day</p> <p><input type="checkbox"/> Protein: _____ grams</p> <p><input type="checkbox"/> Fat: _____ grams</p>	
<p>Lunch</p> <p><input type="checkbox"/> Carbohydrate: _____ grams</p> <p><input type="checkbox"/> Non-starchy vegetables: _____ servings per day</p> <p><input type="checkbox"/> Protein: _____ grams</p> <p><input type="checkbox"/> Fat: _____ grams</p>	
<p>Snack</p> <p><input type="checkbox"/> Carbohydrate: _____ grams</p> <p><input type="checkbox"/> Non-starchy vegetables: _____ servings per day</p> <p><input type="checkbox"/> Protein: _____ grams</p> <p><input type="checkbox"/> Fat: _____ grams</p>	
<p>Dinner</p> <p><input type="checkbox"/> Carbohydrate: _____ grams</p> <p><input type="checkbox"/> Non-starchy vegetables: _____ servings per day</p> <p><input type="checkbox"/> Protein: _____ grams</p> <p><input type="checkbox"/> Fat: _____ grams</p>	
<p>Snack</p> <p><input type="checkbox"/> Carbohydrate: _____ grams</p> <p><input type="checkbox"/> Non-starchy vegetables: _____ servings per day</p> <p><input type="checkbox"/> Protein: _____ grams</p> <p><input type="checkbox"/> Fat: _____ grams</p>	

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