

## 21-Day Weight Loss Plan

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Total daily calorie intake: \_\_\_\_\_

Goals:

### WEEK 1

Breakfast:

Lunch:

Dinner:

Snack:

Notes:

### ADDITIONAL NOTES

Specify below:

### HEALTHCARE PROFESSIONAL'S INFORMATION

Name: \_\_\_\_\_ License number: \_\_\_\_\_

Contact details: \_\_\_\_\_

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Signature: