Bariatric Diet Plan

BARIATRIC DIET PLAN

Name: _____ Date: _____ dd / mm / yyyy

Age: _____ Gender: _____

Weight: _____ Height: _____

Activity level

Dietary preferences and restrictions

Goals

Medical history

Meal frequency

Portion control

Suggested food items

Food item/s: _____

Suggestions

Meal timing

Supplements

Sample meal plan

Lifestyle considerations

Other recommendations

Progress tracking

Date: _____ dd / mm / yyyy

Remarks

Additional notes