# Carnivore Diet Plan

## PATIENT INFORMATION

Name: _____ Age: _____

Gender: _____ Starting weight: _____

Height: _____

Target goals (e.g., weight loss, muscle gain):

Activity Level

◯ sedentary ◯ moderate ◯ active

Date of plan start: _____ dd / mm / yyyy

Medical considerations:

## MEAL OPTIONS

**Breakfast:**

- ☐ 3-4 Eggs (cooked to preference)
- ☐ 4 slices of Bacon
- ☐ 2 Pork Sausages (no additives)
- ☐ 1 Beef Patty (4 oz)
- ☐ 4 oz Chicken Liver
- ☐ 4 oz Smoked Salmon

**Lunch:**

- ☐ 8 oz Ribeye Steak
- ☐ 6 oz Ground Beef (80% lean)
- ☐ 6 oz Lamb Chops
- ☐ 6 oz Turkey Breast
- ☐ 6 oz Tuna Steak
- ☐ 8 oz Bison Burger

**Dinner:**

- ☐ 8 oz Roast Beef
- ☐ 6 Pork Ribs (with fat)
- ☐ 6 oz Chicken Thighs (with skin)
- ☐ 6 oz Duck Breast
- ☐ 6 oz Venison Steak
- ☐ 8 oz Seafood (Shrimp, Lobster)

**Snack options:**

- [ ] 2 oz Beef Jerky (unsweetened, no additives)
- [ ] 4 slices Cold Cuts (sugar-free, no additives)
- [ ] 1 cup Pork Rinds (unsalted)
- [ ] 2 oz Bone Marrow
- [ ] 1–2 oz Hard Cheese (if including dairy)
- [ ] 2 Hard-Boiled Eggs

## WEEKLY MEAL PLAN

**Monday Breakfast:**

**Monday Lunch:**

**Monday Dinner:**

**Monday Snack:**

**Tuesday Breakfast:**

**Tuesday Lunch:**

**Tuesday Dinner:**

**Tuesday Snack:**

Wednesday Breakfast:

Wednesday Lunch:

Wednesday Dinner:

Wednesday Snack:

Thursday Breakfast:

Thursday Lunch:

Thursday Dinner:

Thursday Snack:

Friday Breakfast:

Friday Lunch:

Friday Dinner:

Friday Snack:

Saturday Breakfast:

Saturday Lunch:

Saturday Dinner:

Saturday Snack:

Sunday Breakfast:

Sunday Lunch:

Sunday Dinner:

Sunday Snack:

Vitamin D3 - Specify below: _____ Omega-3 (Fish Oil) - Specify below: _____

Other Recommended Supplements - Specify below:

Week 1 Weight: _____

Week 1 Energy levels:

Week 1 Sleep quality:

Week 1 Mood:

Week 1 Cravings:

Week 1 Digestive health:

Week 2 Weight: _____

Week 2 Energy levels:

Week 2 Sleep quality:

Week 2 Mood:

Week 2 Cravings:

Week 2 Digestive health:

Week 3 Weight: _____

Week 3 Energy levels:

Week 3 Sleep quality:

Week 3 Mood:

Week 3 Cravings:

Week 3 Digestive health:

Week 4 Weight: _____

Week 4 Energy levels:

Week 4 Sleep quality:

Week 4 Mood:

Week 4 Cravings:

Week 4 Digestive health:

Additional notes - Specify below:

Healthcare provider Name: _____ Healthcare provider Contact: _____

Healthcare provider Signature: