DASH Diet Plan

Date of assessment: _____ dd / mm / yyyy

PATIENT INFORMATION

Name: _____ Date of birth: _____ dd / mm / yyyy

Height: _____ Weight: _____

GOALS

Specify below:

WEEKS 1 AND 2: METABOLIC RESET

This phase is focused on jump-starting your metabolism and involves stringent adherence to the DASH diet's nutritional goals, particularly limiting sodium and increasing intake of potassium, calcium, and magnesium.

Start and end date: _____

Day 1 Breakfast:

Day 1 Lunch:

Day 1 Snack:

Day 1 Dinner:

Day 1 Notes:

WEEKS 3 ONWARDS: LONG-TERM MAINTENANCE

After the metabolic reset, this phase serves as a sustainable approach to healthy eating, continuing the practices from Phase 1 with a more flexible application to support long-term adherence.

Long-term Start and end date: _____

SHOPPING LIST

Shopping list - Specify below:

ADDITIONAL NOTES

Additional notes - Specify below:

HEALTHCARE PROFESSIONAL INFORMATION

Healthcare Professional Name: _____ License ID number: _____

Healthcare Professional Signature:

Date of assessment: _____ dd / mm / yyyy