Flexitarian Diet Plan

Date: _____ dd / mm / yyyy

PATIENT INFORMATION

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

Age: _____ Height: _____

Weight: _____

GOALS

Specify below:

DAILY MEAL RECOMMENDATIONS

Whole, plant-based foods: Fruits, vegetables, legumes, and whole grains

Flexible animal product intake: Occasional consumption of lean meats, poultry, fish, dairy, and eggs

Plant-based proteins: Beans, lentils, tofu, nuts, and seeds

Healthy fats: Avocados, olive oil, nuts, and seeds

Minimally processed foods: Prioritize nutrient-dense, whole foods

FOODS TO AVOID

Red and processed meats

Highly processed snacks and sweets

Foods high in added sugars and saturated fats

Excessive sodium sources

WEEKLY DIET PLAN

Shopping list - Specify below:

Additional notes - Specify below:

HEALTHCARE PROFESSIONAL INFORMATION

Name: _____ License ID number: _____

Signature:
Date: _____ dd / mm / yyyy