

GLP-1 Diet Plan

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Agree each goal and action together, then set a review date. Update the plan whenever circumstances change.

Name: _____ Date completed: _____ dd / mm / yyyy

Date of birth: _____ dd / mm / yyyy Record / MRN number: _____

Prepared by: _____ Date agreed: _____ dd / mm / yyyy

Review date: _____ dd / mm / yyyy Next appointment: _____ dd / mm / yyyy

Background - why this plan is needed

GOALS

Goal 1: _____ How progress is measured: _____

Target date: _____ dd / mm / yyyy Goal 2: _____

How progress is measured: _____ Target date: _____ dd / mm / yyyy

Goal 3: _____ How progress is measured: _____

Target date: _____ dd / mm / yyyy Goal 4: _____

How progress is measured: _____ Target date: _____ dd / mm / yyyy

Goal 5: _____ How progress is measured: _____

Target date: _____ dd / mm / yyyy

ACTIONS

Action: _____ Who is responsible: _____

Start: _____ dd / mm / yyyy Review: _____ dd / mm / yyyy

Action: _____ Who is responsible: _____

Start: _____ dd / mm / yyyy Review: _____ dd / mm / yyyy

Action: _____ Who is responsible: _____

Start: _____ dd / mm / yyyy Review: _____ dd / mm / yyyy

Action: _____ Who is responsible: _____

Start: _____ dd / mm / yyyy Review: _____ dd / mm / yyyy

Action: _____ Who is responsible: _____

Start: _____ dd / mm / yyyy Review: _____ dd / mm / yyyy

Action: _____ Who is responsible: _____

Start: _____ dd / mm / yyyy Review: _____ dd / mm / yyyy

Action: _____ Who is responsible: _____

Start: _____ dd / mm / yyyy Review: _____ dd / mm / yyyy

SUPPORT IN PLACE

☐ Written information provided

- ☐ Contact details for questions given
- ☐ Family, carer or colleague involved with consent
- ☐ Equipment or medication supplied
- ☐ Follow-up booked

What to do if things change - warning signs and who to contact

REVIEW RECORD

Date: _____ dd / mm / yyyy	Progress: _____
Changes made: _____	Reviewed by: _____
Date: _____ dd / mm / yyyy	Progress: _____
Changes made: _____	Reviewed by: _____
Date: _____ dd / mm / yyyy	Progress: _____
Changes made: _____	Reviewed by: _____
Date: _____ dd / mm / yyyy	Progress: _____
Changes made: _____	Reviewed by: _____
Date: _____ dd / mm / yyyy	Progress: _____
Changes made: _____	Reviewed by: _____

Signature and date

Clinician signature and date