Heart Healthy Diet Plan

HEART HEALTHY DIET PLAN

Name: _____ Date: _____ dd / mm / yyyy

ID: _____

Information:

Height (m): _____ Weight (kg): _____

BMI (kg/m²): _____

Recommended Daily Calorie Intake

◯ 1600 ◯ 2000 ◯ 2400 ◯ 3000

Other Calorie Intake: _____

Table One: Eating Pattern Recommendations for Different Daily Energy Needs

Table Two: Daily Servings Recommendations for Different Daily Energy Needs

Figure 1: Daily Intake Goal Setting

Limit Sodium to (mg/day): _____ Limit Solid Fats to (g/day): _____

Limit Added Sugars to (g/day): _____

TABLE 3: WEEKLY MEAL PLAN

Monday Morning

Monday Afternoon

Monday Evening

Monday Other/Snacks

Tuesday Morning

Tuesday Afternoon

Tuesday Evening

Tuesday Other/Snacks

Wednesday Morning

Wednesday Afternoon

Wednesday Evening

Wednesday Other/Snacks

What went well this week?

What will I work on next week?

Additional Notes