High Cholesterol Diet Plan

Name: _____ Date: _____ dd / mm / yyyy

Age: _____ Gender: _____

Weight: _____ Height: _____

Purpose

Medical history

Plan duration: _____

General guidelines

Food items to limit

Food items to include

Portion control

Customized plan

Breakfast

Snack

Lunch

Dinner

Hydration

Progress tracking

Date: _____ dd / mm / yyyy

Remarks

Additional notes