

# High-Fiber Diet Meal Plan

## High-Fiber Diet Meal Plan

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

1 - Goal: \_\_\_\_\_

1 - How progress is measured: \_\_\_\_\_

1 - Target date: \_\_\_\_\_ dd / mm / yyyy

2 - Goal: \_\_\_\_\_

2 - How progress is measured: \_\_\_\_\_

2 - Target date: \_\_\_\_\_ dd / mm / yyyy

3 - Goal: \_\_\_\_\_

3 - How progress is measured: \_\_\_\_\_

3 - Target date: \_\_\_\_\_ dd / mm / yyyy

4 - Goal: \_\_\_\_\_

4 - How progress is measured: \_\_\_\_\_

4 - Target date: \_\_\_\_\_ dd / mm / yyyy

5 - Goal: \_\_\_\_\_

5 - How progress is measured: \_\_\_\_\_

5 - 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