

Nutrition Cheat Sheet

PATIENT INFORMATION

Name: _____ Date: _____ dd / mm / yyyy
Age: _____ Height: _____
Weight: _____ Healthcare Provider (if applicable): _____

BASIC DIETARY GUIDELINES

Eat a Variety of Foods:

Control Portion Sizes:

Limit Added Sugars and Salt:

Stay Hydrated:

MACRONUTRIENTS

Carbohydrates - Recommended Intake: _____ Carbohydrates - Sources: _____
Proteins - Recommended Intake: _____ Proteins - Sources: _____
Fats - Recommended Intake: _____ Fats - Sources: _____

KEY VITAMINS AND MINERALS

Vitamins:

- ☐ A
- ☐ B Complex
- ☐ C
- ☐ D
- ☐ E
- ☐ K

Minerals:

- ☐ Calcium
- ☐ Iron
- ☐ Magnesium
- ☐ Potassium
- ☐ Zinc

Daily Requirements:

Fiber - Recommended Intake: _____ Fiber - Sources: _____

HEALTHY EATING TIPS**Plan Meals:****Cook at Home:****Read Labels:****What to take:****SAMPLE MEAL PLAN**

Breakfast: _____ Lunch: _____

Dinner: _____ Snacks: _____

Additional Notes: