Vegan Meal Plan for Weight Loss

PATIENT INFORMATION

Name: _____ Age: _____

Gender: _____ Height: _____

Weight: _____ BMI: _____

Target weight: _____

Dietary preferences/allergies:

Other relevant medical information:

DAILY VEGAN MEAL PLAN FOR WEIGHT LOSS

Monday

Breakfast:

Snack:

Lunch:

Dinner:

Tuesday

Breakfast:

Snack:

Lunch:

Dinner:

Wednesday

Breakfast:

Snack:

Lunch:

Dinner:

Thursday

Breakfast:

Snack:

Lunch:

Dinner:

Friday

Breakfast:

Snack:

Lunch:

Dinner:

Saturday

Breakfast:

Snack:

Lunch:

Dinner:

Sunday

Breakfast:

Snack:

Lunch:

Dinner:

GOALS

Short-term goals:

Long-term goals:

ITEMS TO INCLUDE IN THE SHOPPING LIST

Specify below:

ADDITIONAL NOTES

Specify below:

HEALTHCARE PROFESSIONAL INFORMATION

Name: _____ License ID number: _____

Contact information: _____

Signature:

Date of consultation: _____ dd / mm / yyyy