

Atkins Diet Plan

PATIENT INFORMATION

Name: _____ Date of birth: _____ dd / mm / yyyy

Age: _____ Gender: _____

Height: _____ Weight: _____

Diet plan:

Atkins 20 Atkins 40 Atkins 100

Health conditions (if applicable)

Goals:

PHASE 1: INDUCTION

Goal: Maximize weight loss by severely restricting carbs.

Day 1 - Breakfast:

Lunch:

Snack:

Dinner:

Notes:

PHASE 2: BALANCING

Goal: Continue weight loss at a slower rate by increasing carbs slightly.

PHASE 3: PRE-MAINTENANCE

Goal: Slow down weight loss and prepare for maintenance.

PHASE 4: MAINTENANCE

Goal: Maintain your weight with a flexible approach to carbs.

SHOPPING LIST

Specify below:

ADDITIONAL NOTES

Specify below:

HEALTHCARE PROFESSIONAL INFORMATION

Name: _____ License ID number: _____

Signature: _____
Date of assessment: _____ dd / mm / yyyy