

# Carnivore Diet Plan

## PATIENT INFORMATION

Name:: \_\_\_\_\_ Age:: \_\_\_\_\_

Gender:: \_\_\_\_\_ Starting weight:: \_\_\_\_\_

Height:: \_\_\_\_\_

Target goals (e.g., weight loss, muscle gain):

Activity Level

sedentary  moderate  active

Date of plan start:: \_\_\_\_\_ dd / mm / yyyy

Medical considerations:

## MEAL OPTIONS

### Breakfast:

- 3-4 Eggs (cooked to preference)
- 4 slices of Bacon
- 2 Pork Sausages (no additives)
- 1 Beef Patty (4 oz)
- 4 oz Chicken Liver
- 4 oz Smoked Salmon

### Lunch:

- 8 oz Ribeye Steak
- 6 oz Ground Beef (80% lean)
- 6 oz Lamb Chops
- 6 oz Turkey Breast
- 6 oz Tuna Steak
- 8 oz Bison Burger

### Dinner:

- 8 oz Roast Beef
- 6 Pork Ribs (with fat)
- 6 oz Chicken Thighs (with skin)
- 6 oz Duck Breast
- 6 oz Venison Steak
- 8 oz Seafood (Shrimp, Lobster)

### Snack options:

- 2 oz Beef Jerky (unsweetened, no additives)

- 4 slices Cold Cuts (sugar-free, no additives)
- 1 cup Pork Rinds (unsalted)
- 2 oz Bone Marrow
- 1-2 oz Hard Cheese (if including dairy)
- 2 Hard-Boiled Eggs

**WEEKLY MEAL PLAN**

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**Monday Breakfast:**

**Monday Lunch:**

**Monday Dinner:**

**Monday Snack:**

**Tuesday Breakfast:**

**Tuesday Lunch:**

**Tuesday Dinner:**

**Tuesday Snack:**

**Wednesday Breakfast:**

**Wednesday Lunch:**

**Wednesday Dinner:**

**Wednesday Snack:**

**Thursday Breakfast:**

**Thursday Lunch:**

**Thursday Dinner:**

**Thursday Snack:**

**Friday Breakfast:**

**Friday Lunch:**

**Friday Dinner:**

**Friday Snack:**

**Saturday Breakfast:**

**Saturday Lunch:**

**Saturday Dinner:**

**Saturday Snack:**

**Sunday Breakfast:**

**Sunday Lunch:**

**Sunday Dinner:**

**Sunday Snack:**

**Vitamin D3 - Specify below:**

**Omega-3 (Fish Oil) - Specify below:**

**Other Recommended Supplements - Specify below:**

**Week 1 Weight::** \_\_\_\_\_

**Week 1 Energy levels:**

**Week 1 Sleep quality:**

**Week 1 Mood:**

**Week 1 Cravings:**

**Week 1 Digestive health:**

**Week 2 Weight::** \_\_\_\_\_

**Week 2 Energy levels:**

**Week 2 Sleep quality:**

**Week 2 Mood:**

**Week 2 Cravings:**

**Week 2 Digestive health:**

**Week 3 Weight::** \_\_\_\_\_

**Week 3 Energy levels:**

**Week 3 Sleep quality:**

**Week 3 Mood:**

**Week 3 Cravings:**

**Week 3 Digestive health:**

**Week 4 Weight:** \_\_\_\_\_

**Week 4 Energy levels:**

**Week 4 Sleep quality:**

**Week 4 Mood:**

**Week 4 Cravings:**

**Week 4 Digestive health:**

**Additional notes - Specify below:**

Healthcare provider Name:: \_\_\_\_\_

Healthcare provider Contact:: \_\_\_\_\_

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Healthcare provider Signature: