

Dr. Now Diet Plan

PERSONAL INFORMATION

Name:: _____ Starting weight:: _____

Goal weight:: _____ Healthcare provider:: _____

CALORIC INTAKE

Daily limit: Approximately 1,200 calories

MEAL STRUCTURE

Breakfast - Protein source (e.g., egg whites, Greek yogurt), A serving of fruit (e.g., berries, apple)

Lunch - Lean protein (chicken, turkey, fish), Non-starchy vegetables (e.g., broccoli, spinach)

Dinner - Lean protein (variation from lunch), Non-starchy vegetables (different from lunch)

Snacks (if applicable) - Low-calorie options (e.g., cucumber, carrots)

WEEKLY MEAL PLAN

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday:

GROCERY LIST

Proteins: Chicken breast, salmon, turkey, tofu Vegetables: Broccoli, spinach, bell peppers, cauliflower Fruits: Berries, apples Dairy: Low-fat Greek yogurt, egg whites Miscellaneous: Herbs, spices, olive oil (in moderation)

FOODS TO INCLUDE

Proteins: Lean meats, poultry, fish, tofu. Vegetables: Non-starchy (e.g., leafy greens, bell peppers). Fruits: Low-calorie options (berries, small apples). Whole grains: Very limited amounts. Dairy: Low-fat or fat-free options.

FOODS TO AVOID

Sugary foods: Sweets, candy, cakes. Starchy vegetables: Potatoes, corn. High-calorie fruits: Bananas, grapes. Processed foods: Fast food, junk food. High-fat foods: Fatty meats, high-fat dairy. Refined carbs: White bread, pasta.

HYDRATION

Water: At least 8 glasses per day Avoid: Sugary drinks, excessive caffeine

EXERCISE (AS ADVISED BY HEALTHCARE PROVIDER)

Type:

Frequency:

Duration:

MONITORING AND ADJUSTMENTS

Weekly weight check:

Measurement tracking:

Diet adjustments:

CONSULTATION

Next appointment:

Notes from healthcare provider:

ADDITIONAL NOTES

Specify below: