

MY MEAL PLAN

Plan for: _____ Registered Dietitian: _____ Phone: _____

Date: _____ Calories: _____ Carbohydrates: _____ Protein: _____ Fat: _____

| TIME | Meal Plan # of Portions/Food Group | EXAMPLES | EXAMPLES |
|-----------|---|----------|----------|
| Breakfast | _____ Starch _____ Milk _____ Fruit _____ Vegetables _____ Protein _____ Fat | | |
| Snack | _____ _____ _____ | | |
| Lunch | _____ Starch _____ Milk _____ Fruit _____ Vegetables _____ Protein _____ Fat | | |
| Snack | _____ _____ _____ | | |
| Dinner | _____ Starch _____ Milk _____ Fruit _____ Vegetables _____ Protein _____ Fat | | |
| Snack | _____ _____ _____ | | |

