



My Meal Plan

Name: _____

Recommended daily need: Total Calories: _____ Carbohydrate: _____g Protein: _____g Fat: _____g		
Recommended meal plan	Your usual meal plan	Recommended changes
Breakfast (Time: _____) _____ Carb choices <i>or</i> _____ Carb grams (g) _____ Starch _____ Fruit _____ Milk _____ Meat/Protein choices _____ Fat choices		
Snack (Time: _____)		
Lunch (Time: _____) _____ Carb choices <i>or</i> _____ Carb grams (g) _____ Starch _____ Vegetables _____ Fruit _____ Milk _____ Meat/Protein choices _____ Fat choices		
Snack (Time: _____)		
Dinner (Time: _____) _____ Carb choices <i>or</i> _____ Carb grams (g) _____ Starch _____ Vegetables _____ Fruit _____ Milk _____ Meat/Protein choices _____ Fat choices		
Snack (Time: _____)		