# Diet Plan for Obesity

| Patient information | |
|---|---|
| **Name:** | **Age:** |
| **Date:** | **BMI:** |
| **Current weight:** | **Target weight:** |
| **Goals** | |
| | |

| Weekly meal plan | | | | |
|---|---|---|---|---|
| **Day** | **Breakfast** | **Lunch** | **Snacks** | **Dinner** |
| **Monday** | | | | |
| **Tuesday** | | | | |
| **Wednesday** | | | | |
| **Thursday** | | | | |
| **Friday** | | | | |
| **Saturday** | | | | |
| **Sunday** | | | | |

| Additional notes | |
|---|---|
| | |
| **Healthcare professional name:** | |
| **Signature:** | **Date:** |