

Weight Loss Action Plan

Patient Name _____ DOB _____ CHART # _____

WEIGHT



Today's Date: _____

Weight: _____

YOUR GOAL

_____ LBS

Healthy Eating 5-10 FRUITS OR VEGETABLES PER DAY



Food Plan: _____

LIMIT CALORIES

- 1200 Calories per day
(350 per meal x 3, 150 per snack x 1)
- 1400 Calories per day
(415 per meal x 3, 100 per snack x 1)
- 1600 Calories per day
(475 per meal x 3, 150 per snack x 1)
- 1800 Calories per day
(550 per meal x 3, 150 per snack x 1)



BE PHYSICALLY ACTIVE



Activity _____

Minutes _____

Times per week _____

